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in the United States, 1997
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Summary of Notifiable Diseases, United States 1997

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Foreword

MMWR Summary of Notifiable Diseases, United States, 1997

This publication contains summary tables of the official statistics for the reported occurrence of nationally notifiable diseases in the United States for 1997. These statistics are collected and compiled from reports to the National Notifiable Diseases Surveillance System (NNDS), which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE). Because the dates of onset or diagnosis for notifiable diseases are not always reported, these surveillance data are presented by the week they were reported to CDC by public health officials in state and territorial health departments. These data are finalized and published in the *MMWR Summary of Notifiable Diseases, United States* for use by state and local health departments; schools of medicine and public health; communications media; local, state, and federal agencies; and other agencies or persons interested in following the trends of reportable diseases in the United States. The annual publication of the *Summary* also documents which diseases are considered national priorities for notification and the annual number of cases of such diseases.

The Highlights section presents information on selected nationally notifiable and non-notifiable diseases to provide a context in which to interpret surveillance and disease-trend data and to provide further information on the epidemiology and prevention of selected diseases.

Part 1 contains information regarding morbidity for each of the diseases considered nationally notifiable during 1997. The tables provide the number of cases of notifiable diseases reported to CDC for 1997, as well as the distribution of cases by month and geographic location and by patient's age, sex, race, and Hispanic ethnicity. The data are final totals as of July 25, 1998, unless otherwise noted. Because no cases of anthrax or yellow fever were reported in the United States during 1997, these nationally notifiable diseases do not appear in the tables in Part 1. Nationally notifiable diseases that are reportable in fewer than 40 states also do not appear in these tables. In all tables, leprosy is listed as Hansen disease, and tickborne typhus fever is listed as Rocky Mountain spotted fever (RMSF).

Part 2 contains graphs and maps. These graphs and maps depict summary data for many of the notifiable diseases described in tabular form in Part 1.

Part 3 contains tables that list the number of cases of notifiable diseases reported to CDC since 1966. It also includes a table enumerating deaths associated with specified notifiable diseases reported to the National Center for Health Statistics, CDC during 1987-1996.

Background

As of January 1, 1997, 52 infectious diseases were designated as notifiable at the national level. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. This section briefly summarizes the history of the reporting of nationally notifiable diseases in the United States.

In 1878, Congress authorized the U.S. Marine Hospital Service (i.e., the forerunner of the Public Health Service [PHS]) to collect morbidity reports regarding cholera, smallpox, plague, and yellow fever from U.S. consuls overseas. The intention was to use this information to institute quarantine measures to prevent the introduction and spread of these diseases into the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. Congress expanded the authority for weekly reporting and publication of these reports in 1893 to include data from states and municipal authorities. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General to provide forms for the collection and compilation of data and for the publication of reports at the national level. In 1912, state and territorial health authorities — in conjunction with PHS — recommended immediate telegraphic reporting of five infectious diseases and the monthly reporting, by letter, of 10 additional diseases. The first annual summary of *The Notifiable Diseases* in 1912 included reports of 10 diseases from 19 states, the District of Columbia, and Hawaii. By 1928, all states, the District of Columbia, Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, state and territorial health officers authorized the Conference of State and Territorial Epidemiologists (CSTE), whose purpose was to determine which diseases should be reported to PHS. In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

The list of nationally notifiable diseases is revised periodically. For example, a disease might be added to the list as a new pathogen emerges, or a disease might be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable. CSTE, with input from CDC, makes recommendations annually for additions and deletions. However, reporting of nationally notifiable diseases to CDC by the states is voluntary. Reporting currently is mandated (i.e., by legislation or regulation) only at the state and local level. Thus, the list of diseases considered notifiable varies slightly by state. All states generally report the internationally quarantinable diseases (i.e., cholera, plague, and yellow fever) in compliance with the World Health Organization's International Health Regulations.

The list of 52 infectious diseases designated as notifiable at the national level during 1997 is as follows:

**The 52 Infectious Diseases Designated
as Notifiable at the National Level During 1997**

Acquired immunodeficiency syndrome	<i>Haemophilus influenzae</i> (Invasive Disease)	Rabies, animal
Anthrax	Hansen disease (leprosy)	Rabies, human
Botulism*	Hantavirus pulmonary syndrome	Rocky Mountain spotted fever
Brucellosis	Hemolytic uremic syndrome, post-diarrheal	Rubella
Chancroid*	Hepatitis A	Salmonellosis*
<i>Chlamydia trachomatis</i> , genital infection	Hepatitis B	Shigellosis*
Cholera	Hepatitis, C/non-A, non-B	Streptococcal disease, invasive, group A
Coccidioidomycosis*	HIV infection, pediatric	<i>Streptococcus pneumoniae</i> , drug-resistant*
Congenital rubella syndrome	Legionellosis	Streptococcal toxic-shock syndrome
Congenital syphilis	Lyme disease	Syphilis
Cryptosporidiosis	Malaria	Tetanus
Diphtheria	Measles (Rubeola)	Toxic-shock syndrome
Encephalitis, California	Meningococcal disease	Trichinosis
Encephalitis, eastern equine	Mumps	Tuberculosis
Encephalitis, St. Louis	Pertussis	Typhoid fever
Encephalitis, western equine	Plague	Yellow fever
<i>Escherichia coli</i> O157:H7	Poliomyelitis, paralytic	
Gonorrhea	Psittacosis	

NOTE: Although varicella is not a nationally notifiable disease, the Council of State and Territorial Epidemiologists recommends reporting of cases of this disease to CDC.

*Not currently published in the *MMWR* weekly tables.

Data Sources

Provisional data concerning the reported occurrence of notifiable diseases are published weekly in *MMWR*. After each reporting year, staff in state health departments finalize reports of cases for that year with local or county health departments and reconcile the data with reports previously sent to CDC throughout the year. These data are compiled in final form in this summary. Notifiable disease reports (which are published in the annual *MMWR Summary of Notifiable Diseases* only after approval by the appropriate epidemiologist from each submitting state or territory) are the authoritative and archival counts of cases. Data published in *MMWR Surveillance Summaries* or other surveillance reports produced by CDC programs, which are useful for detailed epidemiologic analyses, may not agree exactly with data reported in the annual *Summary of Notifiable Diseases* because of differences in the timing of reports, the source of the data, and the case definitions.

Data in this summary were derived primarily from reports transmitted to the Division of Public Health Surveillance and Informatics, Epidemiology Program Office, CDC, by the 50 state, two city, and five territorial health departments through the National Electronic Telecommunications System for Surveillance (NETSS). (More information regarding NETSS and notifiable diseases, including case definitions for these conditions, is available on the Internet at <http://www.cdc.gov/epo/phs.htm>.) Final data for other diseases are from the surveillance program records of the following CDC programs (requests for further information regarding these data should be directed to the source specified):

National Center for Health Statistics (NCHS)

Office of Vital and Health Statistics Systems (deaths from selected notifiable diseases)

National Center for Infectious Diseases (NCID)

Division of Bacterial and Mycotic Diseases (toxic-shock syndrome and laboratory data regarding botulism, *Escherichia coli* O157:H7, *Salmonella*, and *Shigella*)

Division of Vector-Borne Infectious Diseases (laboratory data regarding arboviral encephalitis)

Division of Viral and Rickettsial Diseases (animal rabies)

National Center for HIV, STD, and TB Prevention (NCHSTP)

Division of HIV/AIDS Prevention — Surveillance and Epidemiology (acquired immunodeficiency syndrome [AIDS])

Division of Sexually Transmitted Diseases Prevention (chancroid, chlamydia, gonorrhea, and syphilis)

Division of Tuberculosis Elimination (tuberculosis)

National Immunization Program (NIP)

Epidemiology and Surveillance Division (poliomyelitis)

Disease totals for the United States, unless otherwise stated, do not include data for American Samoa, Guam, Puerto Rico, the Virgin Islands, or the Commonwealth of the Northern Mariana Islands (CNMI). Disease totals from American Samoa were unavailable for 1997.

Population estimates for states are based on the July 1, 1997, post-censal estimates made by the U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, Population Division, Population Branch, Press Release PLL91. Population estimates for territories are 1997 estimates from the Bureau of the Census, Press Releases CB98-54 and CB98-80.

Rates in this summary were based on data for the U.S. total-resident population. However, population data from states in which diseases were not notifiable or disease data were not available were excluded from rate calculations.

Interpreting Data

The data reported in this summary are useful for analyzing disease trends and determining relative disease burdens. However, these data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (e.g., plague and rabies), if diagnosed by a clinician, are most likely reported accurately. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) might not seek medical care from a health-care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported. The degree of completeness of reporting also is influenced by the diagnostic facilities available; the control measures in effect; the public awareness of a specific disease; and the interests, resources, and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in the case definitions for public health surveillance, the introduction of new diagnostic tests, or the discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

Public health surveillance data are published for selected racial and ethnic population groups because these variables can be risk markers for certain notifiable diseases. Risk markers can identify potential risk factors for investigation in future studies. Data regarding race and ethnicity also can be used to identify populations to target for prevention efforts. However, one also must use caution when drawing conclusions from reported data relating to race and ethnicity. Among certain races and ethnicities, there are likely to be differential patterns of access to health care, interest in seeking health care, and detection of disease that would lead to data not representative of disease incidence in these populations. In addition, not all data concerning race and ethnicity are collected uniformly for all diseases. For example, the Division of HIV/AIDS Prevention — Surveillance and Epidemiology and the Division of Sexually Transmitted Diseases Prevention in the National Center for HIV, STD, and TB Prevention (NCHSTP) collect information regarding race and ethnicity using a single variable. A person's racial and ethnic background is reported as either American Indian/Alaska Native, Asian/Pacific Islander, Black non-Hispanic, White non-Hispanic, or Hispanic. Additionally, although the recommended standard for classifying a person's race or ethnicity is based on self-reporting, this procedure might not always be followed.

Highlights for 1997

The Highlights section presents information on the public health importance of selected nationally notifiable and non-notifiable diseases, including a) domestic and international disease outbreaks; b) active surveillance findings; c) changes in data reporting practices; d) the impact of prevention programs; e) the emergence of antimicrobial resistance; and f) changes in immunization policies. This information is intended to provide a context in which to interpret surveillance and disease-trend data and to provide further information on the epidemiology and prevention of selected diseases.

Highlights for Selected Nationally Notifiable Diseases

Arboviral Encephalitis

The 1997 national total of 127 confirmed or probable California serogroup viral encephalitis cases (all of which were La Crosse encephalitis cases) is the fourth largest yearly total of such cases reported since 1964. The 73 case reports from West Virginia (57% of the national total) represent that state's largest total and an increase of 11% over its 1996 total. Much of the increase in reports from West Virginia may be attributable to this state's recent implementation of an active surveillance system for this disease. La Crosse encephalitis is endemic in the eastern United States, where it is associated with exposure to deciduous forests and *Aedes triseriatus* (the eastern tree-hole mosquito). A summertime/autumnal outbreak of St. Louis encephalitis in central Florida accounted for nine of the 13 cases reported nationally in 1997. The last major epidemic of St. Louis encephalitis in the United States (223 cases and 11 deaths) occurred in Florida in 1990. St. Louis encephalitis affects persons in portions of both the eastern and western United States. In Florida, the primary mosquito vector of St. Louis encephalitis virus is *Culex nigripalpus*. Fourteen cases of eastern equine encephalitis among humans were reported in 1997 from the South (12 cases), New England (one case), and the Upper Midwest (one case). Eastern equine encephalitis virus is typically transmitted to humans by various *Aedes* mosquito species. No cases of western equine encephalitis among humans have been reported nationally since 1994. The primary mosquito vector of western equine encephalitis virus in the western United States is *Culex tarsalis*.

Cryptosporidium

National reporting for cryptosporidiosis began in 1995 with 2,972 cases reported from 27 states. During 1996, as cryptosporidiosis became a reportable disease in an increased number of states, 2,426 cases were reported from 42 states. In 1997, a total of 2,566 cases were reported from 45 states. Because the diagnosis of cryptosporidiosis is often not considered, and because laboratories do not routinely test for *Cryptosporidium* infection, cryptosporidiosis continues to be underdiagnosed and underreported.

Diphtheria

Four cases of diphtheria were reported in the United States in 1997; two persons, both with localized mild illness, had culture-confirmed diphtheria. One confirmed case was caused by infection with a toxigenic strain of *Corynebacterium diphtheriae*, and was reported from a known endemic focus in South Dakota (MMWR 1997;46:506-10); one case caused by nontoxigenic *C. diphtheriae* was reported from Oregon. Two probable cases were reported from Nevada. Both case-patients had acute membranous pharyngitis; oropharyngeal specimens were positive for diphtheria toxin by polymerase chain reaction, but bacterial cultures of these specimens were negative.

In 1997, more than 7,000 cases of diphtheria were reported in an ongoing diphtheria epidemic in the New Independent States of the former Soviet Union. No importations were reported in the United States.

Haemophilus Influenzae (Invasive Disease)

In 1997, a total of 260 cases of *Haemophilus influenzae* (Hi) invasive disease among children aged <5 years were reported. (Data were provided by the National Immunization Program and were based on date of onset, not MMWR week.) An estimated 20,000 cases of *Haemophilus influenzae* type b (Hib) invasive disease among children occurred annually prior to Hib vaccine licensure in 1987. (JAMA 1993;269:221-6) The dramatic decline is attributed to the widespread administration of the Hib vaccine to preschool-aged children. Of the 260 cases, 201 (77%) isolates were serotyped, and 82 (41%) of the isolates for which serotype was known were type b. Of the 82 cases of Hib invasive disease reported in children aged <5 years, 42 (51%) were aged <6 months, which is too young to have completed a three-dose primary Hib vaccination. However, 27 (68%) of the 40 children who were old enough (aged ≥ 6 months) to have completed a three-dose primary series before they developed Hib invasive disease were incompletely vaccinated or their vaccination status was unknown. These cases might have been prevented with age-appropriate vaccination.

Hantavirus Pulmonary Syndrome

In 1997, a total of 21 cases of Hantavirus pulmonary syndrome (HPS) were reported. HPS is a pan-American viral zoonosis caused by Sin Nombre virus and other New World hantaviruses, which in the United States, include Bayou virus, Black Creek Canal virus, and New York-1 virus. The identified rodent reservoirs for Sin Nombre, New York-1, Black Creek Canal, and Bayou viruses are, respectively, *Peromyscus maniculatus* (deer mouse), *Peromyscus leucopus* (white-footed mouse), *Sigmodon hispidus* (cotton rat), and *Oryzomys palustris* (rice rat). Cases of HPS have been found in the continental United States, Canada, Argentina, Brazil, Chile, Paraguay, and Uruguay. As of March 31, 1998, national surveillance for HPS has identified 179 confirmed cases in 29 states (case-fatality ratio = 44.7%).

Hemolytic Uremic Syndrome

Post-diarrheal hemolytic uremic syndrome (HUS) is a life-threatening illness characterized by hemolytic anemia, thrombocytopenia, and renal injury. Nearly all cases in the United States are caused by infection with *Shiga* toxin-producing *Escherichia coli*, with serotype O157:H7 being predominant. In 1997, the second year of national reporting, 20 states reported 93 cases of post-diarrheal HUS to CDC. By comparison, 18

states reported 104 cases in 1996. The median age of patients was 4 years (range: 1–89 years), with females accounting for 62% of patients overall. Illness was seasonal, with 50% of cases occurring during July through September.

Hepatitis A

In 1996, the Advisory Committee on Immunization Practices (ACIP) issued recommendations for the prevention of hepatitis A through active or passive immunization (*MMWR* 1996;45[No. RR-15]). The report provides recommendations for use of the hepatitis A vaccines (i.e., HAVRIX®, manufactured by SmithKline Beecham Biologicals, and VAQTA®, manufactured by Merck & Company, Inc.). For communities with high rates of hepatitis A and periodic outbreaks (peak rates: 700 reported cases per 100,000 population), routine vaccination of children aged 2 years and catch-up vaccination of older children is recommended. To control outbreaks in communities with intermediate rates of hepatitis A (i.e., 50–200 reported cases per 100,000 population), vaccination programs targeting subpopulations with the highest rates of disease may be considered. In these communities, ongoing routine vaccination of young children should be implemented to prevent future outbreaks.

Hepatitis C

Hepatitis C virus (HCV) infection is the most common bloodborne infection in the United States. Based on data from the CDC Sentinel Counties Study of Viral Hepatitis, it is estimated that as many as 180,000 new HCV infections occurred each year during the 1980s. Since 1989, the annual number of new infections has declined by 80%. However, in 1996, data from the third National Health and Nutrition Examination Survey, conducted from 1988 through 1994, indicated that approximately 4 million Americans (1.8%) are infected with HCV. Many of these chronically infected persons might not be aware of their infection or be clinically ill, because symptoms of hepatitis C-related chronic liver disease might not develop for 10–20 years after infection. However, such persons can infect others and are at risk for chronic liver disease or other HCV-related chronic diseases. Cirrhosis develops in 10%–20% of persons with HCV-related chronic hepatitis during the first two decades after infection, and 8,000–12,000 persons die from HCV-related chronic liver disease each year. CDC recently published new guidelines for HCV prevention and control (*MMWR* 1998;47[No. RR-19]).

HIV Infection in Children and Infants

In 1997, reports based on AIDS surveillance data indicated substantial declines in perinatally acquired AIDS, reflecting declining perinatal HIV transmission. HIV surveillance data indicated that the increasing use of zidovudine was temporally associated with this substantial decline in perinatally acquired AIDS (*MMWR* 1997;46:1086–92). These data demonstrate success in nationwide efforts to implement Public Health Service guidelines for use of zidovudine to reduce perinatal HIV transmission (*MMWR* 1994;43[No. RR-11]; *MMWR* 1998;47[No. RR-2]) and routine, voluntary prenatal HIV testing (*MMWR* 1995;44[No. RR-7]). States that conduct surveillance of perinatally exposed and infected children can evaluate the impact of the guidelines more completely and document resources needed to care for perinatally exposed infants. In 1997, a total of 30 states conducted surveillance of HIV infection in children, reporting 258 HIV-infected children who had not progressed to AIDS and 200 children who had

AIDS. These states also received 2,238 new reports of perinatally exposed children who required follow up with health-care providers to determine their HIV infection status.

Measles

A total of 138 laboratory-confirmed cases of measles were reported to CDC in 1997, which is the lowest number of measles cases reported in one year and is less than half the previous record low. Of the 138 cases reported, 57 (41%) were international importations, and exposure to these cases resulted in 17 (12%) additional cases. Thus, 74 (54%) cases were associated with importation. An additional seven cases had virologic evidence suggesting an imported measles virus. Fifty-four (41%) measles patients were aged <5 years, 39 (28%) were aged 5–19 years, and 42 (30%) were aged ≥20 years. Thirty-two patients (23%) reported having been vaccinated; seven (5%) received two doses. A total of 13 outbreaks were reported, with the largest involving eight cases. In 1997, no confirmed measles cases were reported from 21 states, and fewer than five cases were reported from 20 states and the District of Columbia.

Plague

In 1997, four plague cases among humans were reported in the United States (two cases in California, one in Arizona, and one in Colorado). One case was fatal and, like two fatal cases that occurred in 1996, septicemic plague was diagnosed postmortem. Each of these cases, which occurred in plague-endemic areas, illustrates the need for health-care providers to maintain a high level of awareness about the risks of human plague. Of the 350 cases reported in the United States from 1970 through 1997, approximately 80% were reported from the southwestern states of New Mexico, Arizona, and Colorado; 9% were reported from California; and nine other western states reported limited numbers of cases. Plague also occurs in animal populations in four other western states that have not reported cases among humans, including Kansas, where *Yersinia pestis*-infected prairie dog fleas were identified in 1997. This is the first report of plague in an animal in Kansas since 1950; however, a nearby county in Oklahoma experienced one case among a person in 1991, and other Great Plains states have reported epizootic activity in recent years (MMWR 1994;43:242–6). Internationally, outbreaks of rat-associated plague occurred in the port city of Mahajanga, Madagascar from 1995 through 1997. These are the first port-related outbreaks to be reported from that country in decades. Researchers reported the first case of multidrug-resistant *Y. pestis* in 1997. This isolate, which was obtained in 1995 from a case in Madagascar, contained a plasmid that conferred resistance to antibiotics commonly prescribed for plague treatment or prophylaxis (e.g., streptomycin, chloramphenicol, and tetracycline) (N Engl J Med 1997;337:677–80, 702–4).

Poliomyelitis

In 1997, the Advisory Committee on Immunization Practices (ACIP) recommended a change in routine childhood vaccination policy for polio in the United States. The previously recommended schedule of four doses of attenuated oral poliovirus vaccine (OPV) was changed to a sequential schedule of two doses of inactivated poliovirus vaccine (IPV) followed by two doses of OPV for routine vaccination of children. Since

1980, a total of 147 cases have been reported, of which 139 were associated with the use of OPV. The last imported case was reported in 1993.

Streptococcal Disease, Invasive, Group A

According to reports from active surveillance programs in five states (i.e., California, Connecticut, Georgia, Minnesota, and Oregon), the incidence of invasive group A streptococcal disease during 1997 was 4.1 cases/100,000 population; disease incidence ranged from 2.2 to 5.1 cases/100,000 population among the surveillance areas. Streptococcal toxic shock syndrome and necrotizing fasciitis accounted for approximately 6.9% and 7.7% of invasive cases, respectively. Overall case-fatality among patients with invasive group A streptococcal disease was 13%; case-fatality rates were higher among patients with streptococcal toxic shock syndrome and necrotizing fasciitis (43% and 21%, respectively). Risk factors for invasive group A streptococcal disease include elderly age, HIV infection, diabetes, cancer, alcohol abuse, and varicella infection.

***Streptococcus pneumoniae*, Drug-Resistant**

The proportion of drug-resistant *Streptococcus pneumoniae* isolates continues to increase, according to reports from active surveillance programs in seven states (i.e., California, Connecticut, Georgia, Maryland, Minnesota, Oregon, and Tennessee). During 1997, approximately 26% of pneumococcal isolates obtained from sterile sites were no longer susceptible to penicillin (mean inhibitory concentration [MIC] ≥ 0.1 $\mu\text{g/mL}$). In 1997, the proportion of all isolates with high-level penicillin resistance (MIC ≥ 2 $\mu\text{g/mL}$), increased from 12% in 1996 to 14.4%; a total of 7.2% of isolates had MICs ≥ 4 $\mu\text{g/mL}$ compared with 5.4% in 1996. The resistant proportion varied widely by geographic region. To limit the contribution of unnecessary antimicrobial use to the spread of drug-resistant *S. pneumoniae*, CDC and the American Academy of Pediatrics issued recommendations for judicious use of antimicrobial agents for upper-respiratory-tract infections among children (*Pediatrics* 1998;101[suppl]). Educational materials concerning the principles of judicious antimicrobial use can be obtained by calling the National Center for Infectious Diseases at (404) 639-4702 for an order form.

Tetanus

Fifty cases of tetanus were reported in 1997. During 1995–1997, an average annual incidence of 41 cases were reported, the lowest ever reported since national tetanus surveillance began in 1947. The average annual incidence of 0.15 cases per million population represents a slight decline from the incidence of 0.2 cases per million population reported during 1991–1994.

Highlights for Selected Non-Notifiable Diseases

Cyclosporiasis

In 1997, several outbreaks of cyclosporiasis associated with various types of fresh produce (e.g., raspberries, mesclun lettuce, and basil) occurred in the United States. In the largest outbreak, which was associated with consumption of fresh raspberries, 41 clusters with a total of 762 cases (25% were laboratory confirmed) were reported by 13 states, the District of Columbia, and one province in Canada.

Dengue

Fifty-six laboratory-positive cases of dengue were imported into the United States in 1997 and diagnosed at the CDC Dengue Branch. This number represents a 30% increase from the number of laboratory-confirmed cases reported in 1996 (n=43). Similarly, the total number of dengue and dengue hemorrhagic fever (DHF) cases reported by Pan American Health Organization member countries in 1997 (n=364,945) was 46% higher than the 1996 total (n=250,707). Autochthonous dengue cases (n=3) were documented in south Texas again in 1997, underscoring the risk of dengue transmission in southern gulf coast states where mosquito vectors occur. After a 15-year absence, dengue cases were reported from Cuba in 1997. The municipality of Santiago de Cuba experienced an outbreak with 2,946 laboratory-diagnosed cases and 205 DHF cases, which resulted in 12 deaths.

HIV Infection in Adults

In June 1997, HIV-infection reporting for adults (i.e., persons aged ≥ 13 years) was added to the list of nationally notifiable diseases at a Council of State and Territorial Epidemiologists (CSTE) meeting. During 1997, reports based on acquired immunodeficiency syndrome (AIDS) surveillance data highlighted substantial declines in AIDS incidence and deaths. As a result of improvements in treatment and care of persons infected with the human immunodeficiency virus (HIV), surveillance of AIDS alone no longer accurately reflects the magnitude or direction of the epidemic. Data concerning persons in whom HIV infection is diagnosed before AIDS is diagnosed are needed to determine populations that could benefit from prevention and treatment services. CSTE recommends that all states and territories implement confidential HIV infection reporting based on methods that provide accurate and representative data for all persons confidentially diagnosed with HIV infection.

Influenza A (H5N1)

In May 1997, the first known case of disease among humans caused by influenza A (H5N1) virus occurred in a previously healthy 3-year-old child in Hong Kong; this child died from his illness. An additional 17 cases (including five deaths) were detected in November and December 1997. All cases occurred coincident with outbreaks of highly pathogenic avian influenza A (H5N1) virus among poultry. At the end of December, Hong Kong authorities initiated the slaughter of all chickens in Hong Kong and, since then, no additional cases of influenza A (H5N1) virus have been detected among humans despite enhanced surveillance. The pandemic potential of influenza A (H5N1) viruses remains unknown. No cases of H5N1 infection were reported in the United States.

Tularemia

Tularemia was removed from the nationally notifiable disease list in 1995. However, as of January 1998, a total of 36 states maintained tularemia as a notifiable condition. Based on a telephone survey of state departments of health conducted from 1995 through 1997, a total of 313 cases of tularemia were reported by 43 states (119 cases in 1995, 89 cases in 1996, and 105 cases in 1997). Of these, 155 (49%) were reported from Missouri, Oklahoma, Kansas, and Arkansas.

Vancomycin-Resistant Enterococci (VRE)

The magnitude and impact of vancomycin-resistant enterococci (VRE) in the United States are demonstrated by CDC's National Nosocomial Infections Surveillance (NNIS) system, which includes more than 275 U.S. hospitals. Additional data are available on the Internet at <http://www.cdc.gov/ncidod/hip/Surveill/surveill.htm>. During 1989-1997, the percentage of enterococci resistant to vancomycin isolated from patients in intensive care units with nosocomial infections increased from 0.4% to 23.2% (Table). The percentage of VRE isolated from patients in noncritical care units with nosocomial infections increased from 0.3% to 15.4%.

TABLE: Percentage of nosocomial enterococci reported as resistant to vancomycin, by health-care setting and year*

Year	Intensive care unit (ICU) [†]	Non-ICU [†]
1989	0.4	0.3
1990	1.5	0.8
1991	5.3	2.9
1992	7.1	2.9
1993	11.6	4.8
1994	13.6	9.0
1995	12.8	12.0
1996	16.6	11.6
1997	23.2	15.4

*N>2000 isolates for each year.

[†]P<0.0001, chi-square for linear trend.

Source: NNIS System, Hospital Infections Program, National Center for Infectious Diseases

PART 1:

Summaries of Notifiable Diseases in the United States

EXPLANATION OF SYMBOLS USED IN TABLES, GRAPHS, AND MAPS

Data not available.....	NA
Report of disease is not required in that jurisdiction (not notifiable)	NN
No reported cases	—

NOTIFIABLE DISEASES — Summary of reported cases, by month, United States, 1997

NAME	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Unk.
AIDS*	58,492	4,882	5,066	5,364	4,586	5,072	5,234	4,281	4,903	4,964	4,636	4,016	5,788	
Botulism, total	132	9	5	8	2	14	9	19	16	8	3	20	14	
Brucellosis	98	20	1	6	4	7	6	10	13	8	8	9	11	
Chancroid ¹	243	—	65	—	—	80	—	—	58	—	—	40	—	
Chlamydia ¹	526,671	—	119,217	—	—	130,697	—	—	135,403	—	—	141,354	—	
Cryptosporidiosis	2,566	146	94	154	—	—	—	211	358	311	293	310	299	
Diphtheria	4	—	—	2	1	—	1	—	—	—	—	—	—	
Gonorrhea ¹	324,907	82	73	107	71	77	190	400	432	335	281	196	215	
<i>Haemophilus influenzae</i> , invasive	1,122	71	86	123	98	116	103	69	82	76	58	103	177	
Hansen disease (leprosy)	30,021	6	4	12	11	12	5	2,091	2,628	2,517	2,526	2,524	3,630	
Hepatitis A	10,416	1,716	2,184	2,885	2,053	3,124	2,163	2,091	2,628	2,517	2,526	2,524	3,630	
Hepatitis B	1,016	296	257	322	268	1,084	291	731	955	809	742	732	1,456	
Hepatitis non-A non-B	1,163	61	84	172	63	384	291	321	312	309	242	312	456	
Leptospirosis	12,801	512	254	390	293	612	724	1,638	3,197	1,944	1,057	988	1,192	
Lyme disease	2,001	124	98	111	100	168	181	188	279	160	147	181	264	
Malaria	138	3	3	9	14	31	10	21	13	9	11	13	11	
Meningococcal disease	3,308	138	348	469	282	360	248	175	184	171	168	230	535	
Mumps	683	32	46	72	63	101	57	25	37	61	45	72	72	
Pertussis (whooping cough)	6,564	607	403	512	637	475	404	393	543	475	397	740	1,078	
Plague	4	—	—	—	—	1	—	—	—	—	—	1	—	
Rabies, human	33	1	—	—	—	—	—	—	—	—	—	—	—	
Rabies, animal	8,105	268	422	667	741	781	678	899	830	832	862	707	718	
Rocky Mountain spotted fever	2	—	—	1	—	—	—	—	—	—	—	—	—	
Rubella (German measles)	409	20	7	14	11	24	58	54	87	48	45	25	16	
Rubella (congenital syndrome)	181	10	4	7	10	30	34	36	7	10	17	1	15	
Salmonellosis	5	—	—	1	—	—	—	—	—	—	—	—	—	
Shigellosis	41,901	1,863	2,030	2,544	2,351	3,391	3,175	3,626	5,398	4,364	3,961	4,219	5,179	
Syphilis	21,717	1,572	1,301	1,501	1,064	1,306	1,522	1,694	1,571	2,166	2,100	2,729	3,374	
Total all stages ¹	46,540	—	11,672	—	—	13,007	—	—	13,271	—	—	10,280	—	
Primary and secondary ¹	8,550	—	2,264	—	—	2,252	—	—	2,198	—	—	1,836	—	
Congenital <1 year ¹	1,049	—	331	—	—	—	—	—	243	—	—	196	—	
Tetanus	50	5	3	5	2	279	5	4	3	2	2	3	4	
Toxic-shock syndrome	157	15	9	13	14	13	9	12	16	12	10	12	22	
Trichinosis	13	5	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis ¹	19,851	794	1,285	1,630	1,790	1,813	1,553	1,697	1,644	1,583	1,601	1,442	3,019	
Typhoid fever	385	9	20	28	17	33	25	23	43	44	35	36	52	
Varicella (chickenpox)**	98,727	5,463	10,792	15,484	11,394	17,909	6,744	2,665	1,370	2,158	3,069	6,748	14,930	

* The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP) as of December 31, 1997.

¹ Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of July 13, 1998.

² Chlamydia refers to genital infections caused by *C. trachomatis*.

³ Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of April 15, 1998.

** Not nationally notifiable.

SUMMARY TABLES — 1997

NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1997

Area	Total resident population (in thousands)	AIDS*	Botulism		Brucellosis	Chancroid [†]	Chlamydia trachomatis infection [†]
			Foodborne	Infant			
United States	267,637	58,492	31	79	98	243	526,671
New England	13,379	2,372	—	—	1	4	18,433
Maine	1,242	51	—	—	—	—	1,066
N.H.	1,173	55	—	—	—	—	818
Vt.	589	29	—	—	—	NN	434
Mass.	6,118	863	—	—	1	4	7,964
R.I.	987	152	—	—	—	—	2,069
Conn.	3,270	1,222	—	—	—	—	6,064
Mid. Atlantic	38,210	18,327	—	17	3	119	58,053
Upstate N.Y.	10,828	3,856	—	2	1	—	NN
N.Y. City	7,309	9,331	—	—	—	119	28,468
N.J.	8,053	3,226	—	3	—	—	10,347
Pa.	12,020	1,912	—	12	2	—	19,838
E.N. Central	43,899	4,350	1	6	12	8	86,404
Ohio	11,186	848	—	3	2	3	22,827
Ind.	5,864	523	—	—	—	—	9,800
Ill.	11,896	1,842	1	1	7	6	23,024
Mich.	9,774	882	—	—	3	—	21,399
Wis.	5,170	256	NA	2	NA	—	9,554
W.N. Central	18,571	1,166	—	—	7	—	32,968
Minn.	4,686	214	—	—	—	—	6,631
Iowa	2,852	101	—	NN	4	—	4,907
Mo.	5,402	577	—	—	2	—	12,308
N. Dak.	641	13	—	—	NN	NN	902
S. Dak.	738	11	—	—	—	—	1,450
Nebr.	1,057	91	—	—	1	—	2,787
Kans.	2,595	159	—	—	—	—	4,003
S. Atlantic	46,230	13,858	1	3	8	30	106,486
Del.	732	231	—	—	—	—	2,613
Md.	5,094	1,875	—	—	—	1	13,763
D.C.	529	998	—	—	—	—	3,089
Va.	6,734	1,175	—	—	1	1	11,615
W. Va.	1,816	130	—	2	—	—	3,108
N.C.	7,425	850	1	—	3	9	17,108
S.C.	3,760	779	—	—	—	15	12,511
Ga.	7,486	1,722	—	1	1	1	15,911
Fla.	14,054	6,098	—	—	2	3	26,788
E.S. Central	18,326	2,062	—	—	2	2	35,437
Ky.	3,908	361	—	—	1	—	6,332
Tenn.	5,385	784	—	—	1	1	12,502
Ala.	4,319	570	—	—	—	1	8,704
Miss.	2,731	347	—	—	—	—	7,899
W.S. Central	29,631	6,337	1	11	20	87	72,139
Ark.	2,523	242	—	1	1	1	2,503
La.	4,352	1,094	—	1	—	9	11,545
Okla.	3,217	283	—	—	—	—	7,416
Tex.	19,439	4,718	1	9	19	53	50,675
Mountain	16,483	1,850	1	8	8	1	29,216
Mont.	879	41	—	—	—	—	1,146
Idaho	1,210	52	—	2	—	—	1,709
Wyo.	480	18	—	—	2	1	635
Colo.	3,893	380	—	—	2	—	7,196
N. Mex.	1,730	169	—	1	1	—	4,021
Ariz.	4,555	448	1	2	3	—	10,783
Utah	2,059	152	—	2	—	—	1,774
Nev.	1,677	592	—	—	1	—	1,982
Pacific	42,917	8,121	27	34	37	22	86,935
Wash.	5,610	641	3	—	3	2	9,574
Oreg.	3,243	305	3	2	1	1	5,270
Calif.	32,268	7,029	2	29	30	19	68,647
Alaska	609	52	19	—	—	—	1,615
Hawaii	1,187	94	—	3	3	—	1,829
Guam	145	2	—	—	—	—	368
PR	3,827	2,040	—	—	—	1	2,123
V.I.	114	99	NA	NA	NA	NA	14
American Samoa	60	—	NA	NA	NA	NA	NA
C.N.M.I.	63	—	—	—	—	—	NA

*Totals reported to Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), as of December 31, 1997. Total includes 49 cases in persons with unknown state of residence.

†Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of July 13, 1998.

SUMMARY TABLES — 1997

NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1997 (continued)

Area	Cholera	Cryptosporidiosis	Diphtheria	Escherichia coli O157:H7		Gonorrhea ³	Haemophilus influenzae (Invasive Disease)
				NETSS ^a	PHLS ¹		
United States	6	2,566	4	2,565	1,658	324,907	1,162
New England	—	186	—	197	133	5,889	67
Maine	—	34	—	19	—	66	5
N.H.	—	6	—	15	16	96	13
Vt.	—	18	—	8	3	53	3
Mass.	—	62	—	99	95	2,225	40
R.I.	—	4	—	12	1	422	4
Conn.	—	42	—	44	18	3,027	2
Mid. Atlantic	—	528	—	167	96	39,947	184
Upstate N.Y.	—	328	—	111	—	6,801	69
N.Y. City	—	169	—	20	9	15,592	42
N.J.	—	31	—	36	27	7,587	53
Pa.	—	NN	—	NN	20	9,967	20
E.N. Central	1	523	—	574	302	59,591	172
Ohio	—	38	—	108	55	14,961	86
Ind.	—	46	—	82	49	6,155	24
Ill.	—	73	—	76	40	18,423	42
Mich.	1	46	—	152	108	15,736	19
Wis.	NN	320	—	156	50	4,316	1
W.N. Central	1	424	1	563	417	14,860	76
Minn.	1	242	—	199	210	2,417	57
Iowa	—	71	—	114	76	1,311	6
Mo.	—	38	—	58	69	7,941	8
N. Dak.	—	15	—	15	12	68	—
S. Dak.	—	23	1	29	37	173	3
Nebr.	—	21	—	50	—	1,210	1
Kans.	—	14	—	30	13	1,740	—
S. Atlantic	—	289	—	222	151	93,011	188
Del.	—	8	—	5	4	1,273	—
Md.	—	15	—	28	16	11,568	66
D.C.	—	—	—	—	—	4,557	—
Va.	—	NN	—	NN	46	8,731	15
W. Va.	—	1	—	NN	1	957	4
N.C.	—	NN	—	74	40	16,888	21
S.C.	—	—	—	13	9	11,487	5
Ga.	—	74	—	46	—	18,471	42
Fla.	—	191	—	55	35	19,079	35
E.S. Central	—	47	—	101	66	35,409	58
Ky.	—	20	—	30	—	4,027	8
Tenn.	—	17	—	50	40	11,023	32
Ala.	—	NN	—	14	13	12,032	15
Miss.	—	10	—	7	3	8,327	3
W.S. Central	1	88	—	83	33	46,532	60
Ark.	—	10	—	10	11	4,362	19
La.	—	23	—	18	12	10,762	13
Okla.	—	12	—	13	7	4,756	33
Tex.	1	43	—	42	3	26,612	5
Mountain	1	141	2	275	152	8,084	94
Mont.	—	5	—	21	9	66	1
Idaho	—	NN	—	38	25	158	1
Wyo.	—	4	—	15	13	54	4
Colo.	—	25	—	83	67	2,320	23
N. Mex.	—	67	—	7	6	857	9
Ariz.	1	20	—	42	31	3,802	35
Utah	—	—	—	57	—	278	3
Nev.	—	20	2	12	11	549	18
Pacific	2	380	1	433	358	21,584	264
Wash.	—	NN	—	150	147	1,398	7
Oreg.	—	32	1	67	88	773	39
Calif.	2	328	—	184	99	17,941	203
Alaska	—	—	—	12	5	392	8
Hawaii	—	NN	—	NN	9	510	8
Guam	—	—	—	NN	—	47	—
P.R.	—	—	—	5	—	526	—
V.I.	NA	NA	—	NA	—	40	—
American Samoa	NA	NA	NA	NA	NA	NA	NA
C.N.M.I.	—	—	—	NN	—	NA	6

^aNational Electronic Telecommunications System for Surveillance.¹Public Health Laboratory Information System. Cases were updated through the National Center for Infectious Diseases as of August 10, 1998.³Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of July 13, 1998.

SUMMARY TABLES — 1997

NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1997 (continued)

Area	Hansen disease (leprosy)	Hepatitis			Legionellosis	Lyme disease	Malaria
		A	B	C/non-A, non-B			
United States	122	30,021	10,416	3,816	1,163	12,801	2,001
New England	-	650	190	58	93	3,111	101
Maine	NN	66	6	-	3	34	1
N.H.	-	35	18	-	7	39	10
Vt.	NN	15	11	4	13	8	2
Mass.	-	254	77	46	32	291	33
R.I.	-	131	22	8	18	442	13
Conn.	-	149	56	-	20	2,297	42
Mid. Atlantic	14	2,124	1,417	364	253	7,556	519
Upstate N.Y.	1	395	363	279	79	3,149	81
N.Y. City	10	907	400	-	27	178	310
N.J.	1	316	249	NA	30	2,041	86
Pa.	2	506	346	85	117	2,188	40
E.N. Central	2	3,089	1,501	536	247	593	169
Ohio	-	332	94	20	120	40	19
Ind.	-	330	99	12	57	33	18
Ill.	-	868	284	86	36	13	72
Mich.	2	1,372	458	392	91	27	44
Wis.	NN	187	566	26	44	480	16
W.N. Central	-	2,300	532	66	76	299	79
Minn.	-	243	62	7	9	256	42
Iowa	-	490	44	25	12	8	10
Mo.	-	1,151	380	10	26	28	16
N. Dak.	NN	14	7	4	2	-	3
S. Dak.	-	27	1	-	6	1	1
Nebr.	-	113	20	3	15	2	1
Kans.	-	262	32	13	7	4	4
S. Atlantic	7	2,413	1,603	297	146	792	383
Del.	-	31	7	-	13	109	5
Md.	1	187	172	12	23	494	85
D.C.	-	36	30	-	5	10	20
Va.	1	260	137	27	34	67	73
W. Va.	-	12	16	18	NN	10	1
N.C.	1	211	265	51	14	34	21
S.C.	1	110	99	40	8	3	19
Ga.	-	784	224	NA	6	9	57
Fla.	3	812	653	149	43	56	102
E.S. Central	2	679	759	383	58	103	40
Ky.	-	79	44	17	13	20	13
Tenn.	2	417	454	241	33	45	11
Ala.	-	87	80	13	4	11	10
Miss.	-	96	181	112	8	27	6
W.S. Central	27	6,445	1,627	680	47	145	146
Ark.	2	223	107	15	2	27	5
La.	1	286	208	276	9	13	21
Okla.	-	1,445	67	10	4	45	9
Tex.	24	4,511	1,245	379	32	60	111
Mountain	3	4,326	870	342	89	15	67
Mont.	-	71	12	24	1	-	2
Idaho	-	150	54	86	2	4	1
Wyo.	-	35	25	83	1	3	2
Colo.	-	402	147	36	19	-	30
N. Mex.	-	351	257	61	3	1	8
Ariz.	-	2,330	292	26	18	4	12
Utah	1	550	93	6	18	1	3
Nev.	2	437	80	19	7	2	9
Pacific	67	7,995	1,917	1,090	75	187	497
Wash.	1	1,015	115	42	12	11	49
Oreg.	-	376	119	4	-	20	25
Calif.	40	6,422	1,657	862	61	154	405
Alaska	-	34	15	-	-	2	5
Hawaii	26	148	11	182	2	-	13
Guam	-	-	3	-	-	-	-
PR.	-	273	843	-	-	-	6
V.I.	NA	8	25	1	5	NA	1
American Samoa	NA	NA	NA	NA	NA	NA	NA
C.N.M.I.	1	1	48	2	-	-	-

SUMMARY TABLES — 1997

NOTIFIABLE DISEASES — Reported cases, by geographic division and area,
United States, 1997 (continued)

Area	Measles		Meningo- coccal disease	Mumps	Pertussis	Plague	Polio- myelitis, paralytic
	Indigenous	Imported*					
United States	81	57	3,308	683	6,564	4	3
New England	11	8	209	14	1,096	—	—
Maine	—	1	19	—	26	—	—
N.H.	1	—	17	1	150	—	—
Vt.	—	—	4	—	283	—	—
Mass.	10	6	100	4	562	—	—
R.I.	—	—	24	8	19	—	—
Conn.	—	1	45	1	36	—	—
Mid. Atlantic	18	9	357	66	503	—	—
Upstate N.Y.	2	3	97	16	214	—	—
N.Y. City	8	3	57	4	78	—	—
N.J.	3	—	75	8	14	—	—
Pa.	5	3	128	38	197	—	—
E.N. Central	6	4	490	99	714	—	—
Ohio	—	—	164	35	165	—	—
Ind.	—	—	60	15	104	—	—
Ill.	6	1	166	17	155	—	—
Mich.	—	2	72	28	71	—	—
Wis.	—	1	47	4	219	NN	NN
W.N. Central	14	3	246	19	890	—	—
Minn.	5	3	41	7	547	—	—
Iowa	—	—	47	10	207	—	—
Mo.	1	—	106	—	80	—	—
N. Dak.	—	—	2	—	2	—	—
S. Dak.	8	—	6	—	5	—	—
Nebr.	—	—	20	1	16	—	—
Kans.	—	—	28	1	33	—	—
S. Atlantic	4	14	578	85	446	—	1
Del.	—	—	5	—	1	—	—
Md.	—	2	42	1	119	—	—
D.C.	—	2	12	—	3	—	—
Va.	—	1	60	21	59	—	—
W. Va.	1	—	19	—	6	—	—
N.C.	—	2	87	12	118	—	—
S.C.	—	1	64	11	32	—	—
Ga.	—	1	108	11	18	—	—
Fla.	3	5	171	29	90	—	1
E.S. Central	—	1	242	34	159	—	—
Ky.	—	—	50	3	74	—	—
Tenn.	—	—	77	8	40	—	—
Ala.	—	1	85	9	34	—	—
Miss.	—	—	30	14	11	—	—
W.S. Central	3	5	335	98	378	—	1
Ark.	—	—	38	3	62	—	—
La.	—	—	57	17	21	—	—
Okla.	—	1	46	3	60	—	—
Tex.	3	4	195	75	233	—	1
Mountain	6	2	189	61	1,333	2	—
Mont.	—	—	8	—	18	—	—
Idaho	—	—	15	6	570	—	—
Wyo.	—	—	3	1	7	—	—
Colo.	—	—	51	3	415	1	—
N. Mex.	—	—	31	NN	188	—	—
Ariz.	5	—	44	34	45	1	—
Utah	—	1	17	8	29	—	—
Nav.	1	1	20	9	51	—	—
Pacific	19	11	651	297	1,047	2	1
Wash.	1	1	115	21	451	—	—
Oreg.	—	—	124	NN	48	—	—
Calif.	16	8	402	151	483	2	1
Alaska	—	—	3	8	16	—	—
Hawaii	2	2	7	27	19	—	—
Guam	—	—	1	1	—	—	—
P.R.	—	—	8	7	—	—	—
V.I.	—	—	1	1	—	NA	—
American Samoa	NA	NA	NA	NA	NA	NA	NA
C.N.M.I.	1	—	—	4	—	—	—

*Imported cases include only those resulting from importation from other countries.

SUMMARY TABLES — 1997

NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1997 (continued)

Area	Psittacosis	Rabies		RMSF*	Rubella		Salmonellosis	Shigellosis
		Animal	Human		Rubella	Cong. syndrome		
United States	33	8,105	2	480	181	5	41,901	23,117
New England	1	1,257	-	5	6	-	2,348	592
Maine	1	227	-	-	-	-	137	15
N.H.	-	49	-	-	-	-	151	54
Vt.	-	113	-	-	-	-	88	11
Mass.	-	282	-	1	1	-	1,259	316
R.I.	-	42	-	1	-	-	167	95
Conn.	-	544	-	3	5	-	546	101
Mid. Atlantic	5	1,722	-	39	40	-	6,505	3,168
Upstate N.Y.	3	1,264	-	6	11	-	1,649	801
N.Y. City	-	NA	-	6	29	-	1,796	996
N.J.	-	190	-	9	-	-	1,501	625
Pa.	2	266	-	10	-	-	1,559	786
E.N. Central	4	203	-	19	6	-	6,297	2,562
Ohio	-	116	-	12	-	-	1,545	835
Ind.	-	13	-	3	-	-	590	88
Ill.	-	20	-	3	2	-	1,935	1,163
Mich.	4	28	-	-	-	-	906	346
Wis.	NA	26	NA	1	4	NN	1,231	120
W.N. Central	2	537	-	35	2	-	2,287	906
Minn.	1	70	-	1	-	-	632	138
Iowa	-	160	-	1	-	-	297	90
Mo.	1	31	-	24	2	-	568	222
N. Dak.	NN	91	-	-	-	-	69	10
S. Dak.	-	94	-	2	-	-	90	31
Nebr.	-	2	-	-	-	-	185	284
Kans.	-	80	-	7	-	-	446	133
S. Atlantic	7	3,109	-	136	79	1	8,475	4,499
Del.	1	67	-	-	-	-	101	35
Md.	1	603	-	20	-	-	1,231	423
D.C.	-	5	-	-	1	-	115	47
Va.	-	678	-	23	1	-	1,120	416
W. Va.	-	89	-	3	-	-	133	27
N.C.	1	879	-	35	89	-	1,228	387
S.C.	1	186	-	36	15	-	803	87
Ga.	-	324	-	11	-	-	1,356	1,131
Fla.	3	278	-	8	3	1	2,590	1,946
E.S. Central	-	271	-	91	1	-	1,771	1,127
Ky.	-	29	-	5	-	-	373	449
Tenn.	-	149	-	40	-	-	443	291
Ala.	-	88	-	9	1	-	470	272
Miss.	-	5	-	37	NN	-	485	115
W.S. Central	-	439	-	60	12	-	4,246	4,252
Ark.	-	66	-	31	-	-	445	273
La.	-	7	-	5	-	-	617	182
Okla.	-	113	-	29	-	-	391	293
Tex.	-	263	-	4	12	-	2,793	3,504
Mountain	3	197	1	12	7	1	2,587	1,913
Mont.	-	52	1	4	-	-	63	11
Idaho	-	-	-	5	2	-	141	79
Wyo.	-	31	-	1	-	-	49	5
Colo.	3	34	-	-	-	-	608	258
N. Mex.	-	13	-	-	-	-	311	331
Ariz.	-	55	-	1	5	1	853	1,076
Utah	-	6	-	1	-	-	271	101
Nev.	-	9	-	-	-	-	291	52
Pacific	11	370	1	3	28	3	7,475	4,106
Wash.	1	-	1	-	5	-	660	318
Oreg.	2	14	-	1	-	-	388	189
Calif.	8	327	-	2	14	3	5,993	3,528
Alaska	-	29	-	-	-	NN	50	6
Hawaii	-	-	-	-	9	-	384	65
Guam	-	-	-	-	-	-	24	35
P.R.	-	71	-	-	-	-	838	70
V.I.	NA	NA	NA	NA	-	-	10	2
American Samoa	NA	NA	NA	NA	NA	NA	NA	NA
C.N.M.I.	-	-	-	-	-	-	43	34

*Rocky Mountain spotted fever.

**NOTIFIABLE DISEASES — Reported cases, by geographic division and area,
United States, 1997 (continued)**

Area	Syphilis*			Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis [†]	Typhoid fever
	Cong. (<1 yr.)	Primary & secondary	All stages					
United States	1,049	8,950	46,540	90	157	13	19,051	365
New England	4	144	1,172	—	5	—	478	21
Maine	—	2	13	—	1	—	21	—
N.H.	—	—	23	—	3	—	17	—
Vt.	—	—	1	—	—	—	6	1
Mass.	2	78	731	—	1	—	268	19
R.I.	—	2	84	—	—	—	38	1
Conn.	2	62	320	—	—	—	128	—
Mid. Atlantic	220	412	7,950	6	20	2	3,511	101
Upstate N.Y.	21	41	684	3	10	—	535	21
N.Y. City	78	97	4,955	—	4	—	1,730	49
N.J.	84	151	1,129	2	—	2	718	29
Pa.	37	123	1,182	1	6	—	528	2
E.N. Central	118	1,046	4,336	2	46	4	1,932	53
Ohio	10	218	761	—	2	1	296	5
Ind.	3	151	522	—	4	1	168	3
Ill.	72	435	1,953	2	12	—	974	28
Mich.	26	163	785	—	20	1	374	7
Wis.	7	89	315	NA	8	1	130	10
W.N. Central	12	172	874	2	28	1	614	5
Minn.	—	18	124	1	10	—	161	1
Iowa	—	7	72	1	3	—	74	—
Mo.	10	114	494	—	8	1	240	1
N. Dak.	—	—	—	—	1	—	12	—
S. Dak.	—	1	7	—	1	—	19	—
Nebr.	—	5	32	—	4	—	22	1
Kans.	2	29	146	—	1	—	78	—
S. Atlantic	201	3,177	13,253	6	15	—	3,780	48
Del.	2	22	113	—	1	—	39	—
Md.	58	891	2,463	1	—	—	340	5
D.C.	12	117	845	1	—	—	110	—
Va.	6	236	1,103	—	1	—	350	5
W. Va.	—	1	19	1	—	—	54	2
N.C.	22	721	2,206	1	1	—	463	5
S.C.	15	378	1,135	1	3	—	328	3
Ga.	15	515	2,833	—	1	—	696	8
Fla.	73	296	2,746	1	7	—	1,400	20
E.S. Central	164	1,682	5,689	3	3	1	1,315	2
Ky.	5	135	403	—	—	—	198	—
Tenn.	30	747	2,386	2	2	1	467	1
Ala.	29	410	1,481	—	1	—	405	—
Miss.	40	390	1,439	1	NA	—	245	—
W.S. Central	213	1,330	8,159	11	1	—	2,810	25
Ark.	31	173	562	1	1	NA	200	—
La.	22	364	1,808	2	—	—	406	2
Okla.	9	117	405	2	—	—	212	3
Tex.	151	676	5,384	6	—	—	1,982	20
Mountain	12	172	1,045	6	16	4	644	9
Mont.	—	—	5	1	—	4	18	1
Idaho	—	1	24	—	1	—	15	—
Wyo.	—	—	1	—	—	—	2	—
Colo.	—	15	154	2	9	—	94	4
N. Mex.	—	9	103	—	—	—	71	—
Ariz.	12	132	600	—	4	—	286	2
Utah	—	5	56	3	3	—	36	—
Nev.	—	10	102	—	1	—	112	2
Pacific	165	415	4,062	14	21	1	4,767	101
Wash.	1	17	132	1	5	—	305	7
Oreg.	1	10	48	2	—	—	161	3
Calif.	163	388	3,823	11	18	1	4,056	84
Alaska	—	1	12	—	—	—	78	—
Hawaii	—	1	47	—	—	—	167	7
Guam	—	—	1	—	—	—	—	—
P.R.	7	249	1,575	1	—	—	257	—
V.I.	—	2	10	—	NA	NA	1	NA
American Samoa	NA	NA	NA	NA	NA	NA	5	NA
C.N.M.I.	NA	NA	NA	—	—	—	88	—

*Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of July 13, 1998.

†Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of April 15, 1998.

SUMMARY TABLES — 1997

NOTIFIABLE DISEASES — Summary of reported cases, by age group,* United States, 1997

NAME	Total	<1	1-4	5-14	15-24	25-39	40-54	≥55	Age not stated
	No.	No. (Rate)	No. (Rate)	No. (Rate)	No. (Rate)	No. (Rate)	No. (Rate)	No. (Rate)	
AIDS†	58,492	126 (3.20)	181 (1.17)	203 (0.53)	2,099 (5.79)	32,234 (51.21)	22,836 (30.63)	814 (2.40)	
Boutism, total	132	78 (2.06)	1 (0.01)	1 (0.01)	—	3 (0.02)	31 (0.03)	18 (0.02)	
Brucellosis	98	—	8 (0.04)	14 (0.04)	22 (0.08)	29 (0.05)	24 (0.03)	3 (0.01)	
Chlamydia‡	520,164	—	—	12,301 (32.02)	374,295 (1,033.34)	105,410 (167.48)	9,910 (13.29)	1,358 (4.01)	14,923
Cholera	6	—	—	—	—	—	—	—	
Cryptosporidiosis	2,566	58 (1.78)	525 (3.91)	410 (1.24)	193 (0.62)	725 (1.34)	477 (0.75)	132 (0.46)	46
Diphtheria	4	1 (0.03)	—	—	2 (0.01)	—	—	—	
Escherichia coli O157:H7	2,555	67 (1.92)	538 (3.74)	560 (1.58)	292 (0.88)	282 (0.49)	483 (0.68)	289 (0.94)	64
Gonorrhea§	323,307	—	—	5,707 (14.95)	185,933 (513.32)	97,423 (154.77)	20,890 (28.02)	1,254 (3.70)	11,272
Hantavirus influenzae	1,162	159 (4.22)	90 (0.58)	47 (0.12)	42 (0.12)	92 (0.15)	269 (0.36)	442 (1.31)	21
Hansen disease (leprosy)	122	—	—	—	—	—	—	—	
Hepatitis A	30,021	142 (3.77)	1,808 (11.65)	6,852 (17.83)	4,933 (13.62)	9,630 (15.82)	5,138 (6.89)	981 (2.90)	337
Hepatitis B	10,416	53 (1.41)	57 (0.37)	196 (0.51)	1,789 (4.94)	4,556 (7.24)	3,016 (4.05)	547 (1.62)	202
Hepatitis C, non-A non-B	3,816	23 (0.65)	7 (0.05)	20 (0.06)	201 (0.59)	1,496 (2.54)	1,820 (2.60)	211 (0.66)	38
Legionellosis	1,163	4 (0.11)	1 (0.01)	5 (0.01)	24 (0.07)	144 (0.23)	517 (0.70)	454 (1.35)	14
Lyme disease	12,801	49 (1.30)	668 (4.29)	2,415 (6.29)	1,065 (2.94)	2,348 (3.73)	4,441 (5.96)	1,661 (4.91)	156
Malaria	2,001	14 (0.37)	88 (0.55)	289 (0.70)	370 (1.02)	592 (0.94)	539 (0.72)	80 (0.24)	51
Measles (rubeola)	138	14 (0.37)	88 (0.55)	289 (0.70)	370 (1.02)	592 (0.94)	539 (0.72)	80 (0.24)	51
Meningococcal disease	3,856	48 (1.25)	572 (3.61)	420 (1.09)	30 (0.08)	28 (0.04)	48 (0.11)	434 (1.28)	45
Mumps	483	8 (0.22)	128 (0.84)	249 (0.64)	64 (0.17)	143 (0.23)	60 (0.08)	5 (0.02)	18
Peritussis (whooping cough)	5,564	1,978 (5.27)	786 (4.84)	1,860 (4.84)	774 (2.14)	564 (0.90)	511 (0.69)	76 (0.22)	15
Plague	4	—	—	—	—	—	—	—	
Polymyositis, paralytic	3	2 (0.05)	—	—	—	—	—	—	
Psittacosis	33	—	—	—	—	—	—	—	
Rabies, human	2	—	—	—	—	—	—	—	
Rocky Mountain spotted fever	409	1 (0.03)	29 (0.19)	59 (0.15)	31 (0.08)	77 (0.12)	147 (0.20)	58 (0.17)	7
Rubella (German measles)	41,881	10 (0.27)	8 (0.04)	6 (0.02)	72 (0.20)	68 (0.11)	19 (0.03)	—	
Salmoneellosis	41,901	4,531 (120.20)	6,380 (41.12)	4,562 (11.21)	3,255 (8.93)	5,950 (9.50)	6,028 (8.06)	3,636 (10.41)	7,483
Syphilis, primary and secondary‡	23,117	478 (12.68)	6,005 (38.70)	5,553 (14.53)	1,669 (4.61)	3,114 (4.95)	1,694 (2.22)	450 (1.33)	4,164
Tetanus	8,540	—	—	—	—	—	—	—	
Toxic-shock syndrome	157	1 (0.03)	4 (0.03)	22 (0.06)	41 (0.11)	49 (0.08)	34 (0.05)	6 (0.02)	—
Trichinosis	13	—	—	—	—	—	—	—	
Tuberculosis§	19,851	124 (3.29)	623 (4.02)	518 (1.35)	1,881 (5.22)	4,976 (7.91)	7,233 (9.70)	4,091 (13.85)	5
Typhoid fever	365	4 (0.11)	44 (0.28)	81 (0.21)	81 (0.22)	100 (0.16)	44 (0.06)	8 (0.02)	3

NOTE: Rates <0.01 after rounding are listed as 0.00.

*July 1, 1997, postcensal population estimates were used to calculate incidence rates per 100,000 population.

†The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention.

‡Center for HIV, STD, and TB Prevention (NCHSTP), as of December 31, 1997.

§Age-related data are collected on aggregate forms different from those used for the number of reported cases. Therefore, the total cases reported on this table can differ slightly from other tables. Cases among persons aged <5 years are not shown because some of these might not be caused by sexual transmission; these cases are, however, included in the totals. Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of July 13, 1998. Age-related data for 1997 are unavailable for chancroid.

¶Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of April 15, 1998.

NOTIFIABLE DISEASES — Summary of reported cases, by sex,* United States, 1997

NAME	Total	Male		Female		Sex not stated
		No.	(Rate)	No.	(Rate)	
AIDS [†]	59,492	45,737	(35.23)	12,755	(9.42)	-
Syphilis, total	132	55	(0.04)	73	(0.04)	4
Chancroid [‡]	9	5	(0.01)	3	(0.01)	4
Chlamydia [§]	243	157	(0.12)	69	(0.05)	17
Cholera	526,671	-	-	436,366	(322.10)	2,663
Cryptosporidiosis	6	1	(0.00)	4	(0.00)	1
Diphtheria	2,566	1,331	(1.20)	1,200	(1.04)	35
<i>Escherichia coli</i> O157:H7	4	1	(0.00)	3	(0.00)	-
Gonorrhea [¶]	2,555	1,161	(0.97)	1,317	(1.06)	77
<i>Haemophilus influenzae</i> (Invasive Disease)	324,907	162,798	(125.41)	161,661	(119.33)	450
Hansen disease (leprosy)	1,162	522	(0.40)	596	(0.44)	44
Hepatitis A	30,027	16,589	(12.95)	10,822	(8.02)	26
Hepatitis B	10,416	5,115	(4.71)	4,045	(2.99)	2,435
Hepatitis, C/non-A non-B	3,816	2,424	(1.99)	1,354	(1.06)	296
Legionellosis	1,163	682	(0.53)	457	(0.34)	38
Lyme disease	12,801	6,703	(5.16)	6,016	(4.44)	24
Malaria	2,001	1,258	(0.97)	690	(0.51)	82
Measles (rubeola)	138	70	(0.05)	62	(0.05)	53
Meningococcal disease	3,308	1,662	(1.28)	1,583	(1.17)	63
Mumps	682	346	(0.27)	286	(0.22)	49
Plague	6,564	3,055	(2.30)	3,469	(2.53)	60
Poliomyelitis, paralytic	4	1	(0.00)	2	(0.00)	1
Psittacosis	33	12	(0.01)	21	(0.02)	-
Rabies, human	2	2	(0.00)	-	(0.00)	-
Rocky Mountain spotted fever	409	248	(0.19)	157	(0.12)	4
Rubella (German measles)	181	109	(0.08)	67	(0.05)	5
Salmonellosis	41,901	16,716	(12.88)	17,477	(12.90)	7,708
Syphilis	23,117	8,437	(6.50)	9,758	(7.20)	4,922
Syphilis, primary and secondary [§]	8,950	4,695	(3.59)	3,891	(2.87)	3
Toxic-shock syndrome	36	18	(0.01)	15	(0.01)	1
Typhoid fever	157	38	(0.03)	115	(0.09)	4
Trichinosis	13	6	(0.00)	7	(0.01)	-
Tuberculosis ^{**}	19,851	12,371	(9.53)	7,474	(5.52)	5
Typhoid fever	365	192	(0.15)	168	(0.12)	5

NOTE: Rates <0.01 after rounding are listed as 0.00.

* July 1, 1997, postcensal population estimates were used to calculate incidence rates per 100,000 population.

† The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP) as of July 13, 1998.

‡ Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of December 31, 1997.

§ Chlamydia related genital infections caused by *C. trachomatis*. The rates for men are not presented because reporting for men is incomplete.

** Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of April 15, 1998.

SUMMARY TABLES — 1997

NOTIFIABLE DISEASES — Summary of reported cases, by race, United States, 1997

Name	Total	American Indian or Alaskan Native	Asian or Pacific Islander	Black	White	Other	Race not stated
	No.	No.	No.	No.	No.	No.	No.
AIDS*	58,492	206	446	27,018	20,189	35	10,634†
Botulism, total	132	19	6	7	71	(5)	28
Brucellosis	83	(1)	3	(3)	50	(51)	45
Chlamydia ^b	520,164	6,915	5,034	164,232	107,527	(21)	236,456†
Cholera	6	(1)	(1)	(1)	(1)	(50)	3
Cryptosporidiosis	2,566	249	23	196	1,262	(48)	835
Diphtheria	2	(1)	(1)	(1)	2	(50)	(1)
Escherichia coli O157:H7	2,555	127	27	68	1,564	(59)	826
Gonorrhea	323,307	1,532	1,021	190,946	35,956	(11)	93,846†
Hepatitis A	1,162	67	20	162	685	(59)	227
Hepatitis B	122	(1)	33	7	30	(25)	52
Hepatitis C	30,021	528	445	2,013	17,819	(59)	9,147
Hepatitis, C non-A non-B	10,416	72	752	2,201	4,096	(39)	3,242
Legionellosis	3,816	60	46	460	2,156	(56)	1,078
Lyme disease	12,801	23	80	97	809	(70)	249
Malaria	2,008	1	28	185	9,645	(76)	2,836
Measles (rubeola)	1	(1)	288	554	43	(51)	63†
Meningococcal disease	3,308	41	35	553	2,080	(63)	580
Mumps	653	1	58	46	336	(49)	242
Pertussis (whooping cough)	6,564	205	66	332	4,079	(62)	1,873
Plague	4	2	(1)	(1)	(1)	(50)	(1)
Poliovirus, paralytic	3	(1)	(1)	(1)	3	(100)	(1)
Psittacosis	33	(1)	(1)	(1)	25	(76)	8
Rabies, human	2	1	(1)	(1)	(1)	(100)	1
Rocky Mountain spotted fever	409	10	2	17	303	(46)	75
Rubella (German measles)	18	4	1	7	40	(2)	7
Rubella, congenital syndrome	6	(1)	1	(1)	1	(20)	3
Shigellosis	262	543	594	3,303	17,956	(43)	18,782
Syphilis, primary and secondary ^b	43,901	543	115	3,055	8,739	(36)	10,642
Tetanus	8,540	40	32	6,864	961	(11)	653†
Toxic-shock syndrome	50	10	3	3	33	(66)	3
Trichinosis	157	1	(1)	13	117	(75)	23
Tuberculosis ^c	13	(1)	(1)	(1)	4	(31)	9
Typhoid fever	19,851	276	3,873	6,806	8,862	(45)	34
	365	2	114	27	56	(15)	147

*The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP) as of December 31, 1997.

†Includes the following cases originally reported as Hispanic: 10,394 for AIDS; 82,716 for chlamydia, 13,890 for gonorrhea, and 450 for syphilis, primary and secondary.

^bIn addition to data collected through the National Electronic Telecommunications System for Surveillance (NETSS), some data concerning race are collected on aggregate forms different from those used for numbers of reported cases. Thus, the total number of cases reported on this table can differ slightly from other tables. Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of July 13, 1998. Data regarding race for 1997 are unavailable for chancroid.

^cCases were updated through the Division of Tuberculosis Elimination, NCHSTP as of April 15, 1998.

NOTIFIABLE DISEASES — Summary of reported cases, by ethnicity, United States, 1997

NAME	Total	Hispanic		Non-Hispanic		Ethnicity not stated	
		No.	(%)	No.	(%)	No.	(%)
AIDS*	58,492	10,394	(18)	47,206	(81)	892 ¹	(2)
Boutism, total	132	24	(18)	92	(62)	26	(20)
Brucellosis	96	24	(25)	53	(55)	19	(20)
Chlamydia ²	520,184	62,758	(12)	271,759	(52)	185,667 ¹	(36)
Cholera	6	3	(50)	1	(17)	2	(33)
Cryptosporidiosis	2,566	178	(7)	1,366	(53)	1,022	(40)
Diphtheria	4	—	—	3	(75)	1	(25)
<i>Escherichia coli</i> O157:H7	2,555	88	(3)	1,464	(57)	1,003	(39)
Gonorrhea ³	323,307	13,990	(4)	226,906	(70)	82,411 ¹	(25)
<i>Haemophilus influenzae</i> (Invasive Disease)	1,162	93	(8)	695	(60)	374	(32)
Hansen disease (leprosy)	122	35	(29)	51	(42)	36	(30)
Hepatitis A	30,021	6,828	(23)	13,341	(44)	9,852	(33)
Hepatitis B	10,116	1,816	(18)	4,276	(42)	4,024	(40)
Hepatitis C	3,816	475	(12)	1,771	(45)	1,620	(42)
Histoplasmosis	1,163	32	(3)	670	(58)	461	(40)
Lyme disease	12,801	140	(1)	7,750	(61)	4,911	(38)
Malaria	2,001	176	(9)	1,041	(52)	784	(39)
Measles (rubeola)	138	22	(16)	105	(77)	10	(7)
Meningococcal disease	3,308	311	(9)	2,023	(61)	974	(29)
Mumps	683	159	(23)	263	(39)	261	(38)
Pertussis (whooping cough)	594	594	(9)	3,444	(52)	2,526	(38)
Plague	4	—	—	1	(100)	—	—
Polio	4	2	(50)	1	(25)	—	—
Polymyositis, paralytic	33	—	—	19	(58)	14	(42)
Rabies, human	2	—	—	—	—	2	(100)
Rocky Mountain spotted fever	409	4	(1)	253	(62)	152	(37)
Rubella (German measles)	181	109	(60)	46	(25)	26	(14)
Rubella, congenital syndrome	5	3	(60)	1	(20)	1	(20)
Salmonellosis	41,901	2,447	(6)	16,284	(39)	23,170	(55)
Shigellosis	23,117	3,427	(15)	8,051	(35)	11,639	(50)
Syphilis, primary and secondary ⁴	8,540	450	(5)	7,815	(92)	275 ¹	(3)
Tetanus	50	14	(28)	21	(42)	15	(30)
Toxic-shock syndrome	13	3	(23)	104	(80)	60	(47)
Tuberculosis ⁵	19,851	4,228	(21)	15,586	(79)	37	(0.2)
Typhoid fever	365	56	(15)	181	(50)	128	(35)

*The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP) as of December 31, 1997.

¹Ethnicity is not stated and includes cases originating from American Indian or Alaska Native, Asian or Pacific Islander, and unknown ethnic origin. ²In addition to data collected through the National Electronic Telecommunications System for Surveillance (NETSS), some data were obtained from other sources. ³Some data were collected through forms different from those used for numbers of reported cases. Thus, the total number of cases reported on this table can differ slightly from other tables. Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP as of July 13, 1998. Data regarding ethnicity for 1997 are unavailable for chancroid.

⁴Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of April 15, 1998.

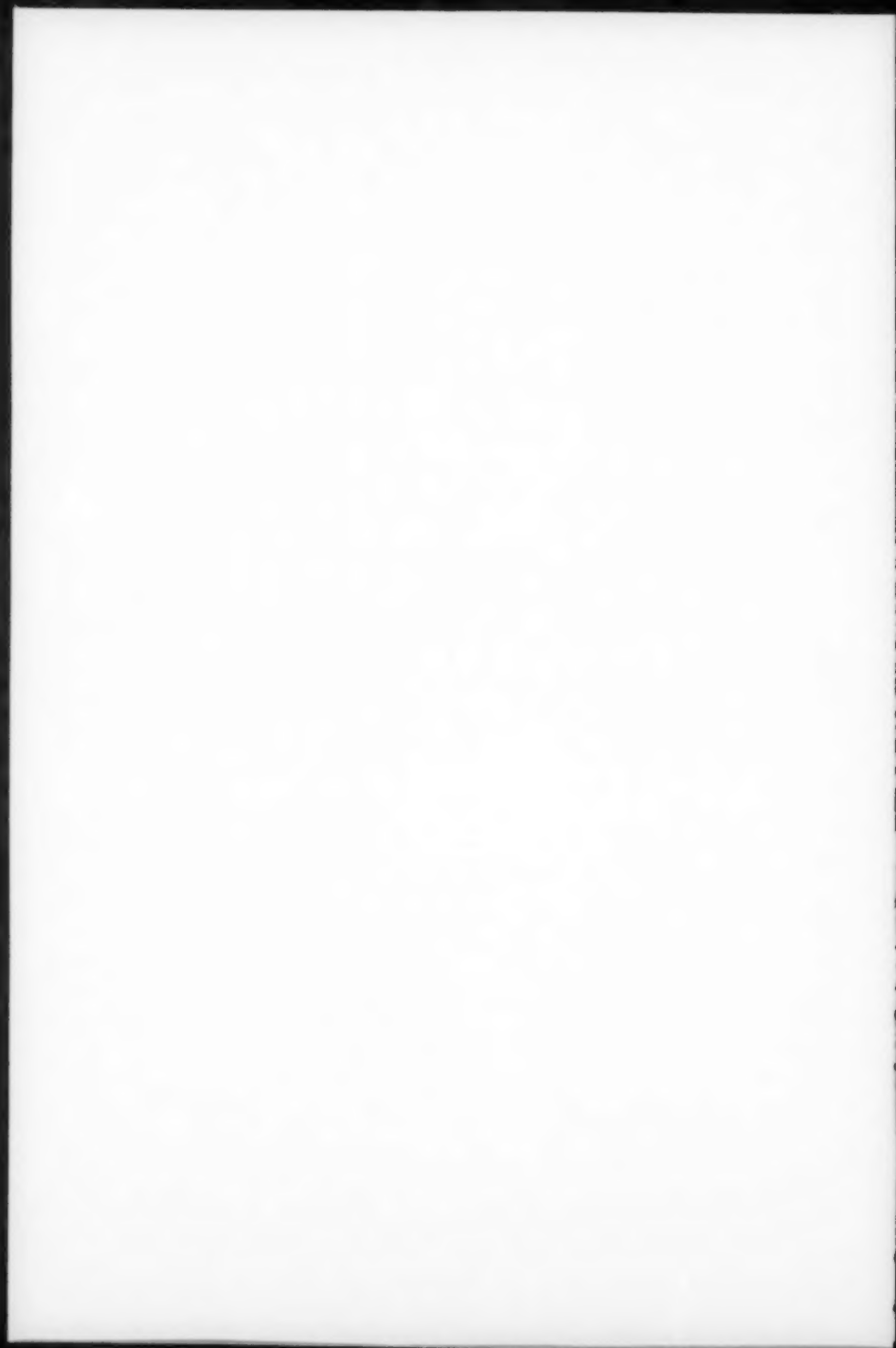


PART 2:

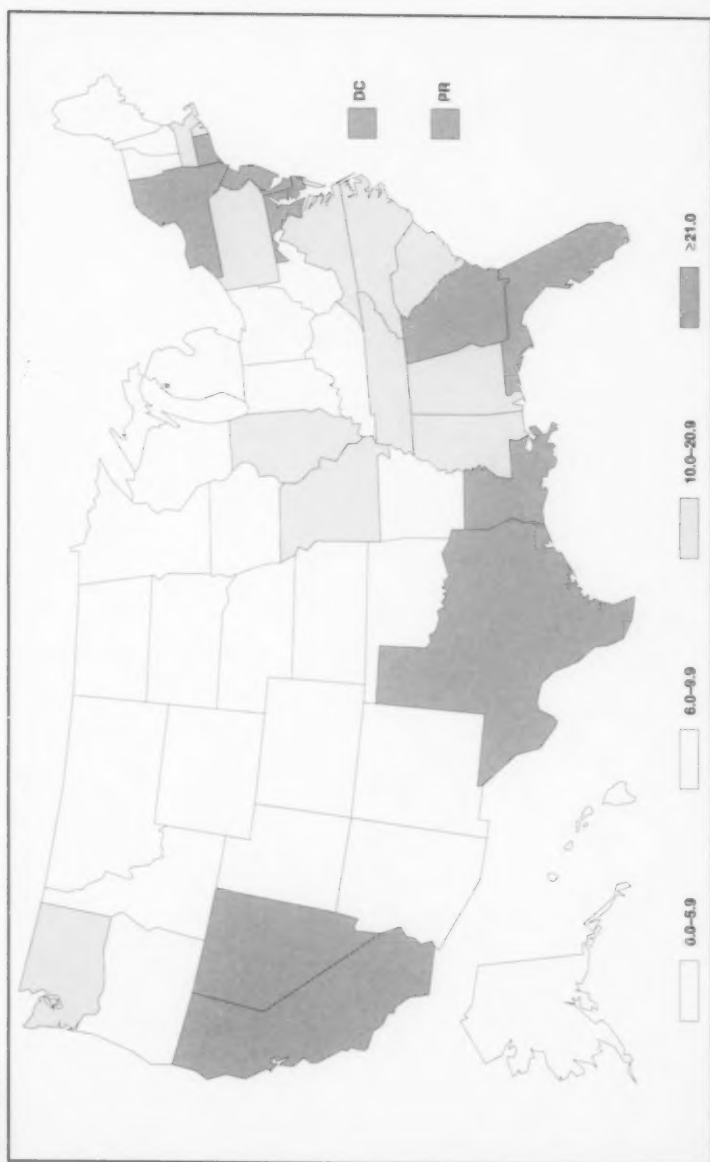
Graphs and Maps for Selected Notifiable Diseases in the United States

EXPLANATION OF SYMBOLS USED IN TABLES, GRAPHS, AND MAPS

Data not available.....	NA
Report of disease is not required in that jurisdiction (not notifiable)	NN

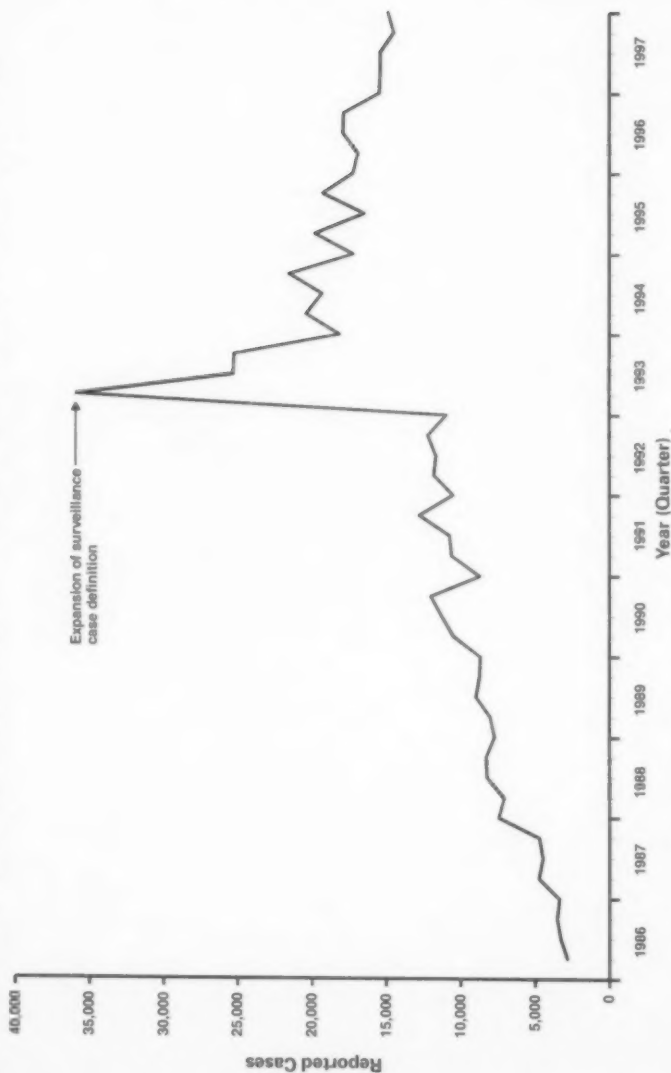


ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — reported cases per 100,000 population, United States and Puerto Rico, 1997



In 1997, the highest rates of reported AIDS cases per 100,000 population were in the northeastern, southeastern, and western states. Eighty-one percent (81%) of reported AIDS cases occurred among residents of large metropolitan areas (i.e., areas of >500,000 persons).

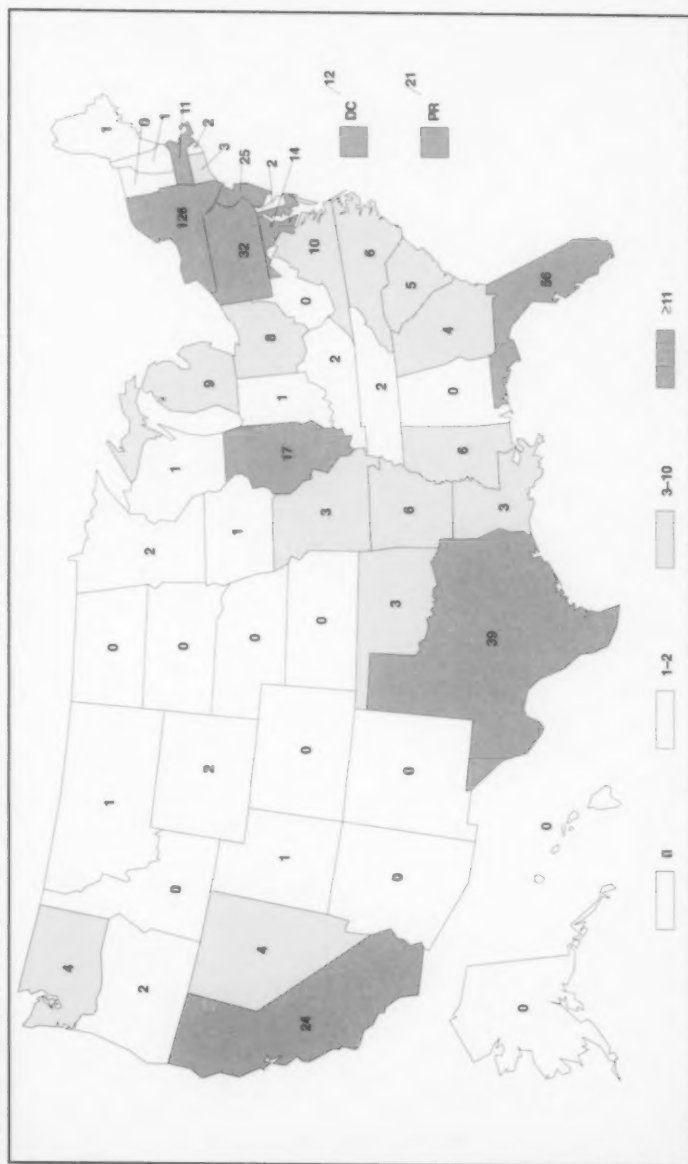
18 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — reported cases by quarter, United States,* 1986–1997



*Includes Guam, Puerto Rico, the U.S. Pacific Islands, and the U.S. Virgin Islands.

The expansion of the AIDS surveillance case definition in 1993 resulted in a substantial increase in reported cases during that year. Since 1996, new treatments have slowed the progression from human immunodeficiency virus (HIV) infection to AIDS and from AIDS to death. Consequently, the number of new AIDS cases is declining, and the number of persons living with HIV infection and AIDS is increasing.

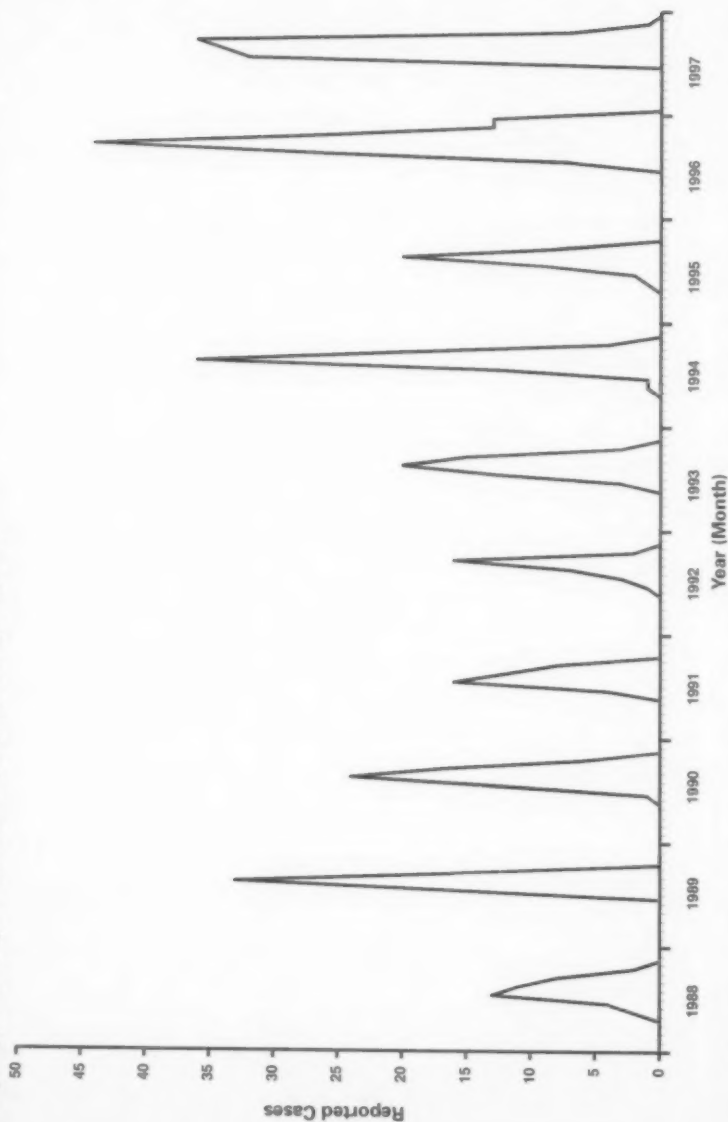
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — reported pediatric cases,* United States and Puerto Rico, 1997



*Children and adolescents aged <13 years.

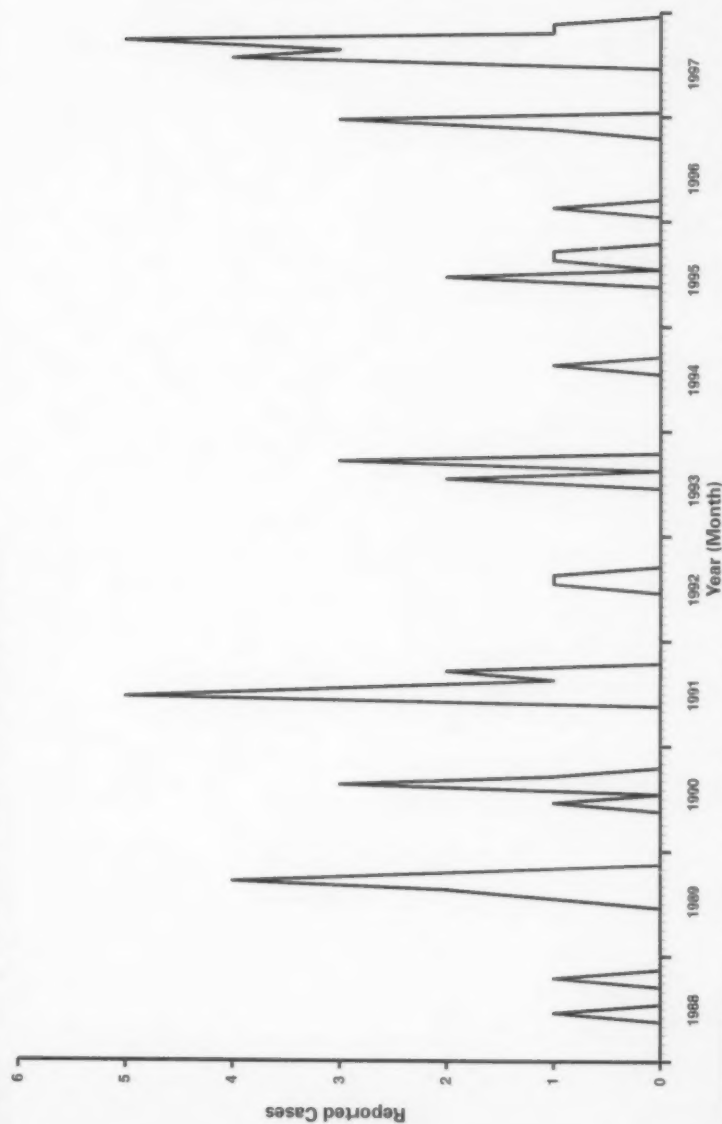
Trends in AIDS incidence among children continued to demonstrate the dramatic success of efforts to reduce perinatal (i.e., mother-to-child) human immunodeficiency virus (HIV) transmission. From 1982 through 1996, the number of perinatally acquired cases declined 43%. Despite these declines, new perinatally acquired AIDS cases continue to occur among very young children who are disproportionately from racial and ethnic minority populations. Intensified efforts are needed to prevent HIV infection among women and to provide early prenatal care and treatment to HIV-infected women.

ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by California serogroup viruses, by month of onset, United States, 1988–1997



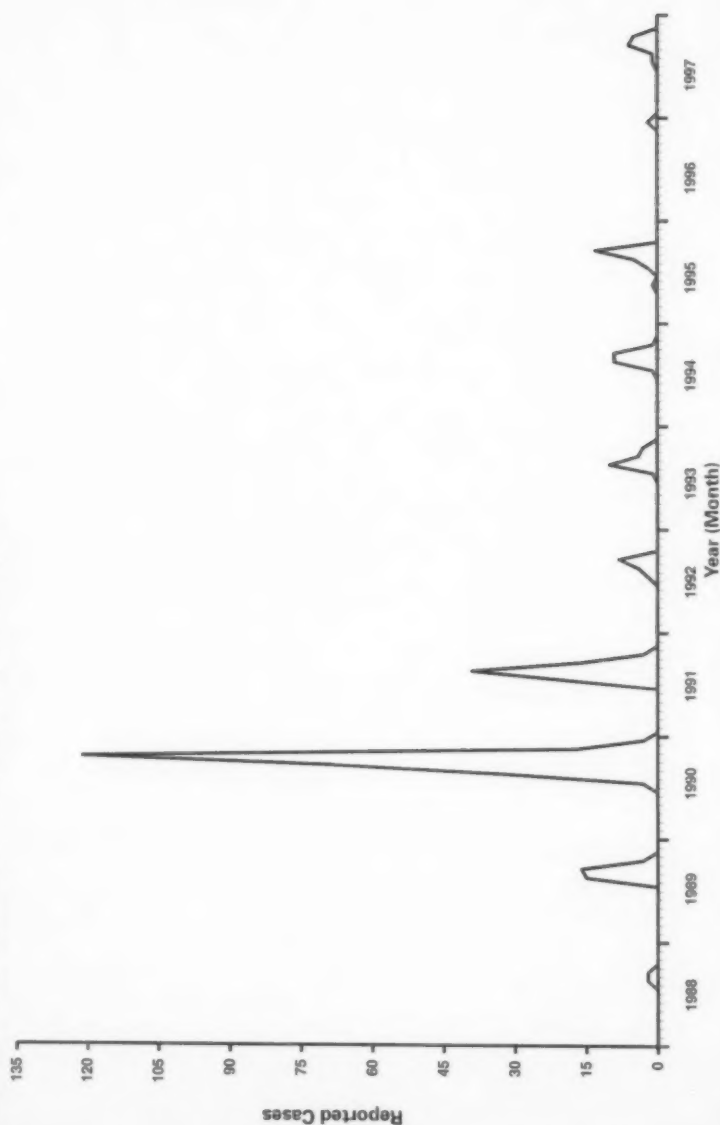
California serogroup viruses (mainly LaCrosse virus in the eastern United States) are an endemic cause of encephalitis, especially in children. The 1997 national total of 127 reported LaCrosse encephalitis cases is the fourth largest yearly total reported since 1964.

ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by eastern equine encephalitis virus, by month of onset, United States, 1988–1997



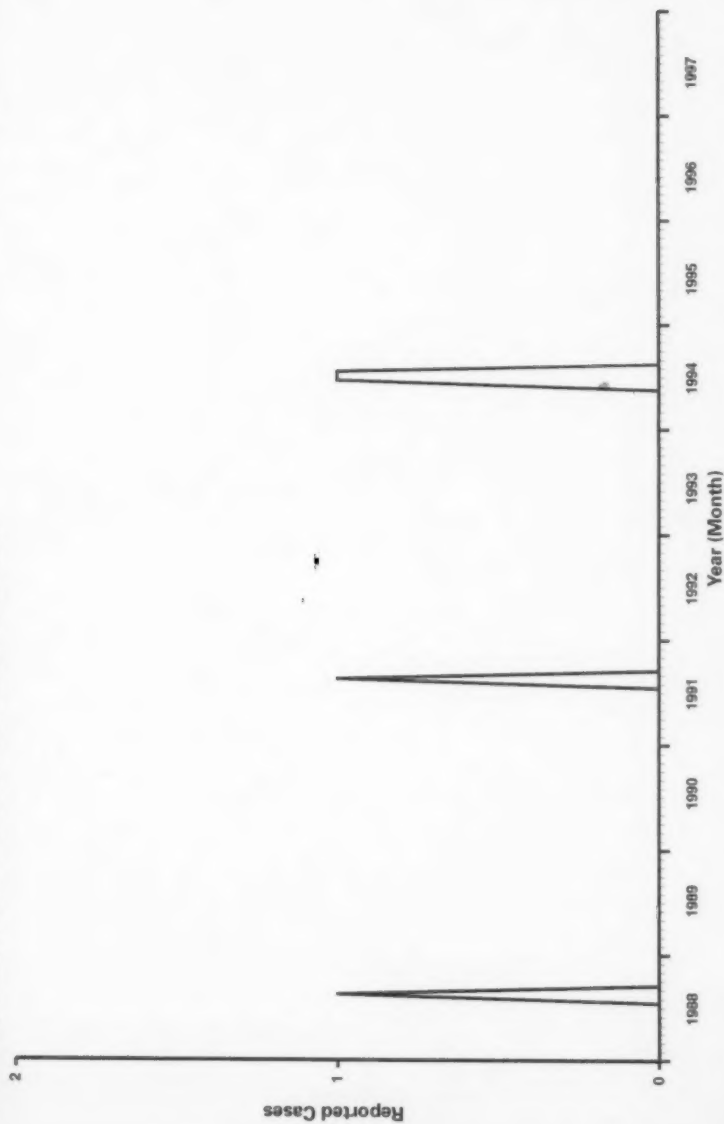
Cases of eastern equine encephalitis among humans, often associated with high mortality rates (i.e., >20%) and severe neurologic sequelae, occur sporadically in the eastern United States. The 1997 national total of 14 cases is the largest yearly total reported since 1983.

ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by St. Louis encephalitis virus, by month of onset, United States, 1988–1997



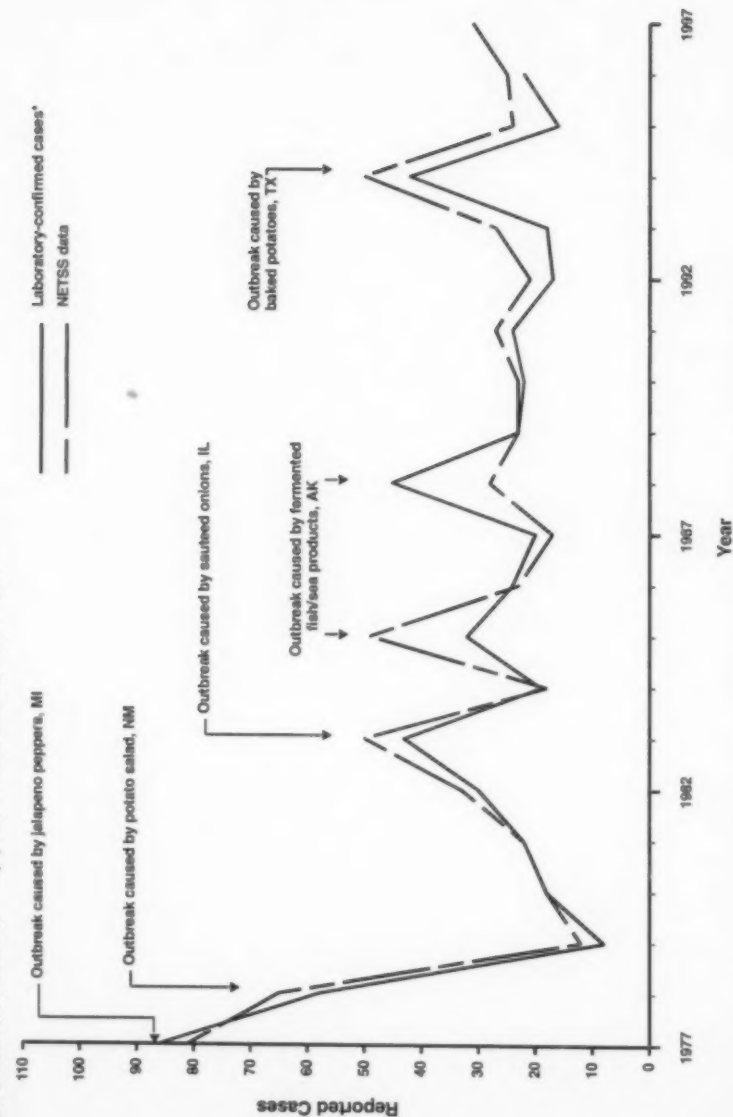
St. Louis encephalitis virus continues to be the primary cause of epidemic viral encephalitis in the United States. The most recent major epidemic occurred in Florida in 1996.

ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by western equine encephalitis virus, by month of onset, United States, 1988–1997



The most recent epidemic of western equine encephalitis occurred in 1987 in Colorado, where 30 cases were reported.

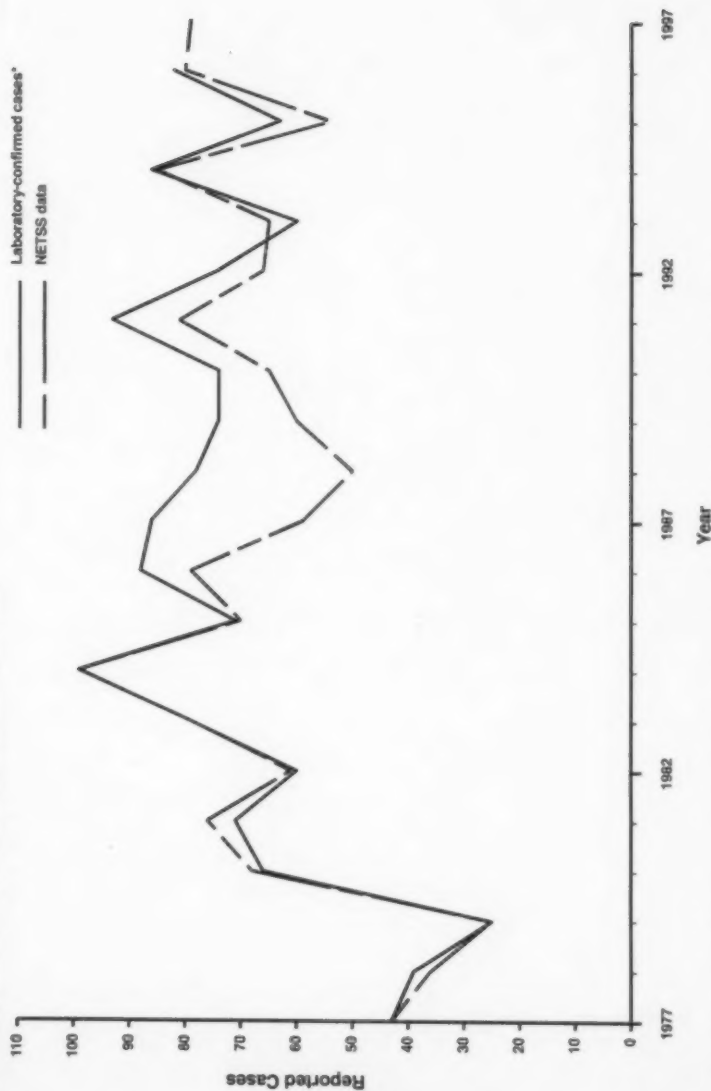
BOTULISM (foodborne) — by year, United States, 1977-1997



* Data from annual survey of state epidemiologists and directors of state public health laboratories. Data are not yet available for 1997.

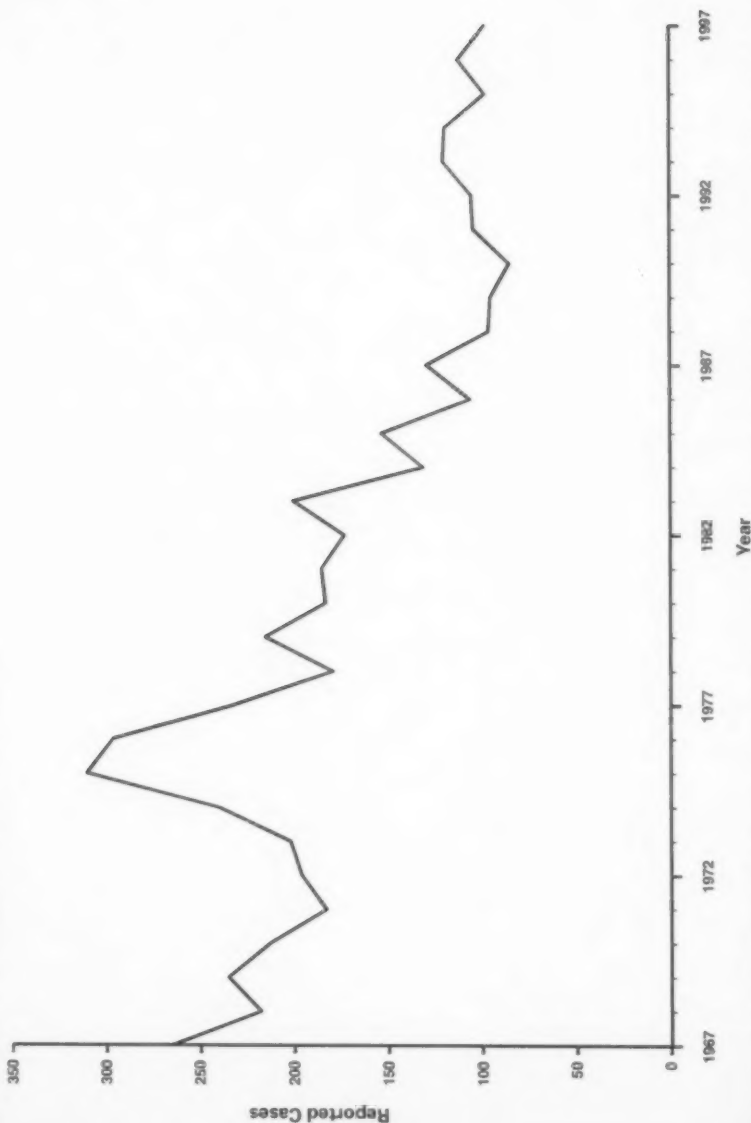
Although they occur infrequently, outbreaks of foodborne botulism can rapidly kill many affected persons. Such outbreaks require prompt and effective communication between clinicians and public health officials.

BOTULISM (infant) — by year, United States, 1977-1997



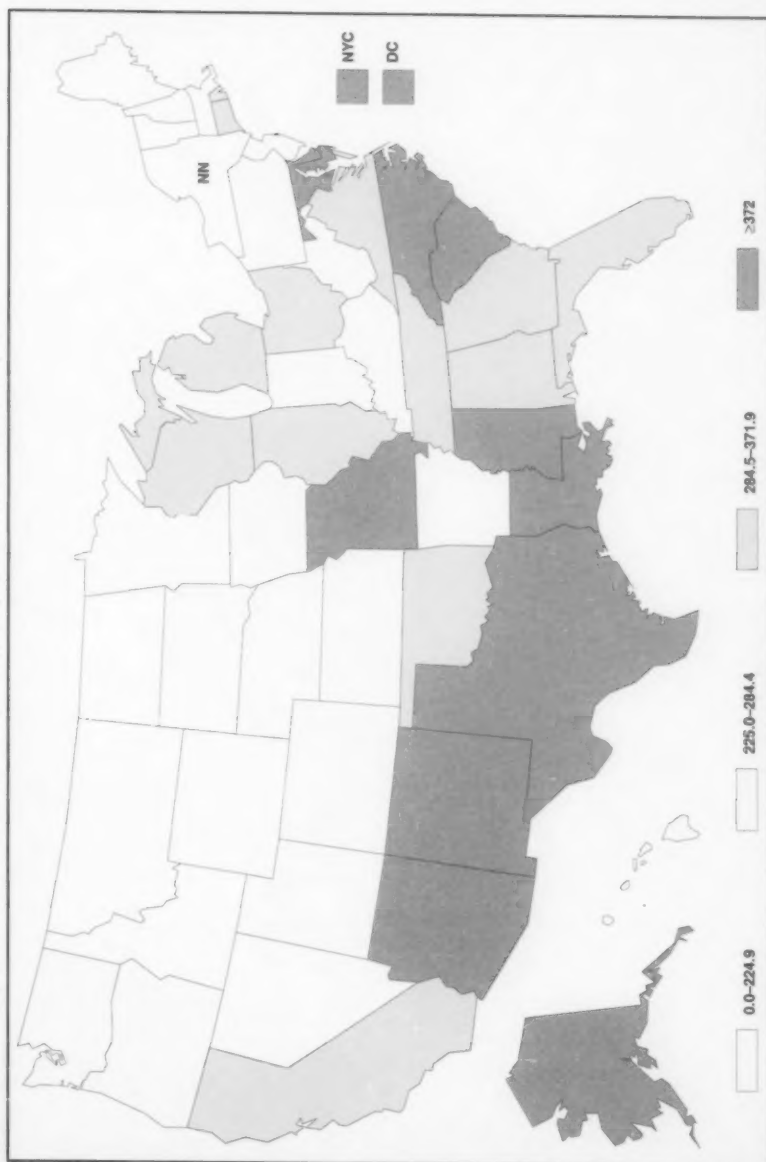
*Data from annual survey of state epidemiologists and directors of state public health laboratories. Data are not yet available for 1997. In the United States, more than one third of the reported cases of infant botulism occur in California.

BRUCELLOSIS — by year, United States, 1967–1997



After peaking at more than 300 cases in 1975, the number of brucellosis cases has declined and, for the last 10 years, has remained relatively stable at approximately 100 cases per year.

CHLAMYDIA — reported cases among women per 100,000 population, United States, 1997



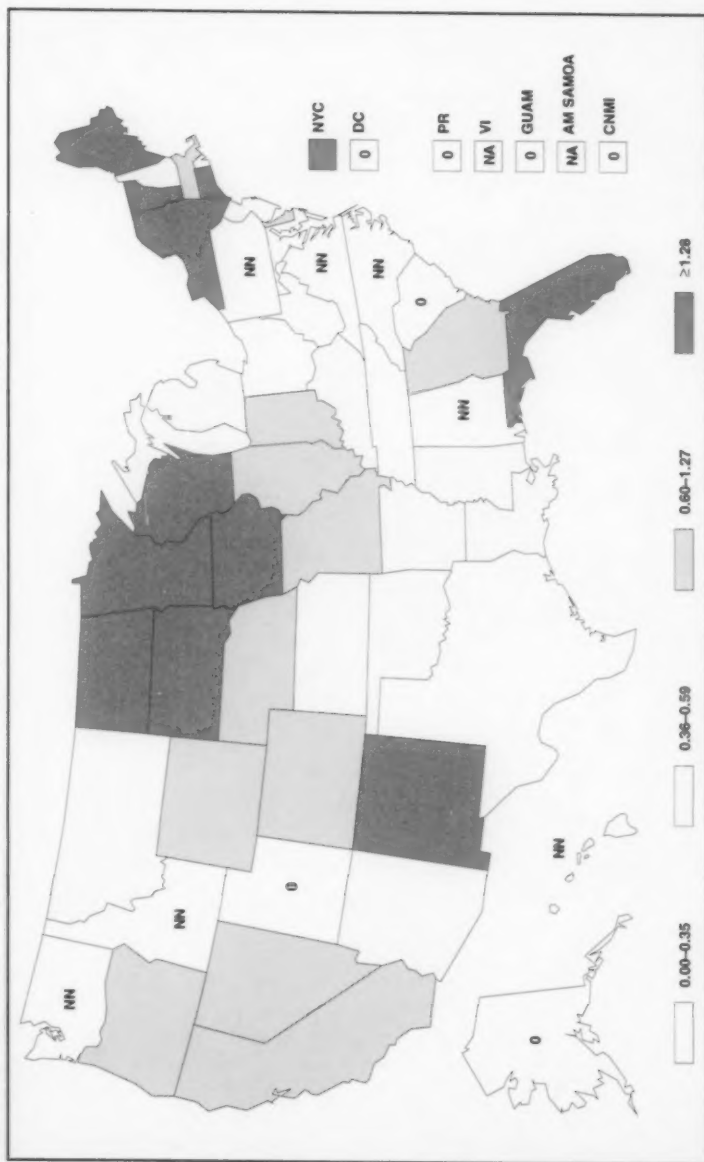
In 1997, the chlamydia rate among women was 322.1 cases per 100,000 population. The rates for men are not presented because reporting for men is more limited than it is for women.

CHOLERA — reported cases, United States and territories, 1997



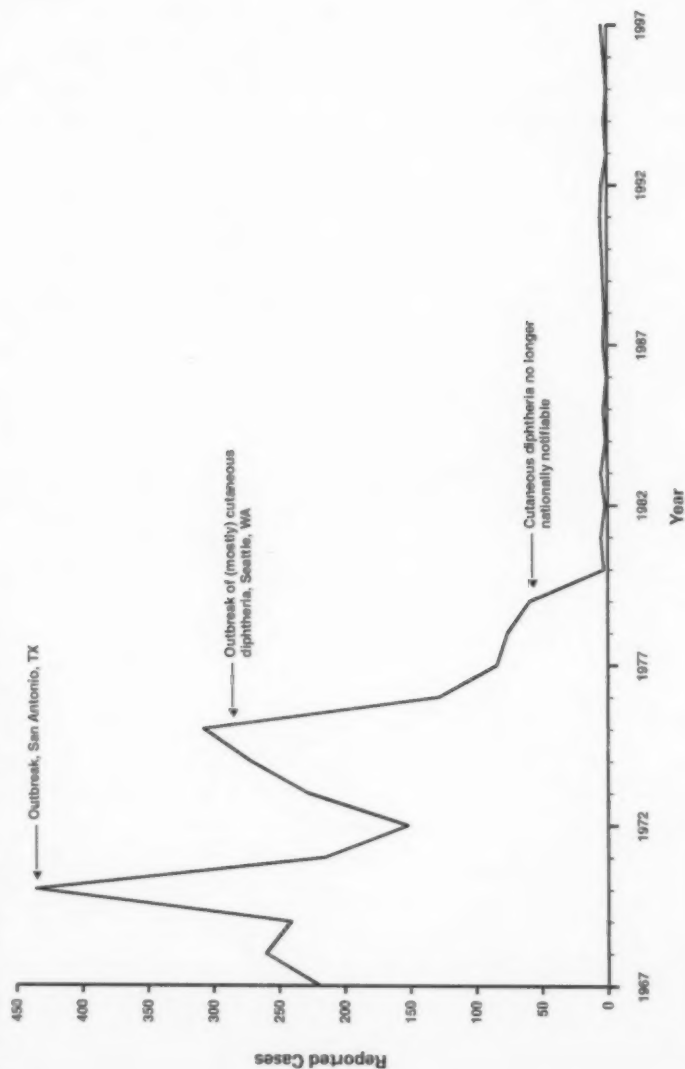
In recent years, cholera has been primarily a disease of travelers to Latin America, Asia, and Africa, although cases are occasionally acquired from contaminated food in the United States.

CRYPTOSPORIDIOSIS — reported cases per 100,000 population, United States and territories, 1997



Surveillance data from 1997 suggest that infection with cryptosporidium is geographically widespread. The highest reported rates were primarily in the north central and northeastern states. As in 1995 and 1996, cases primarily were reported in the late summer among children and adolescents aged <16 years.

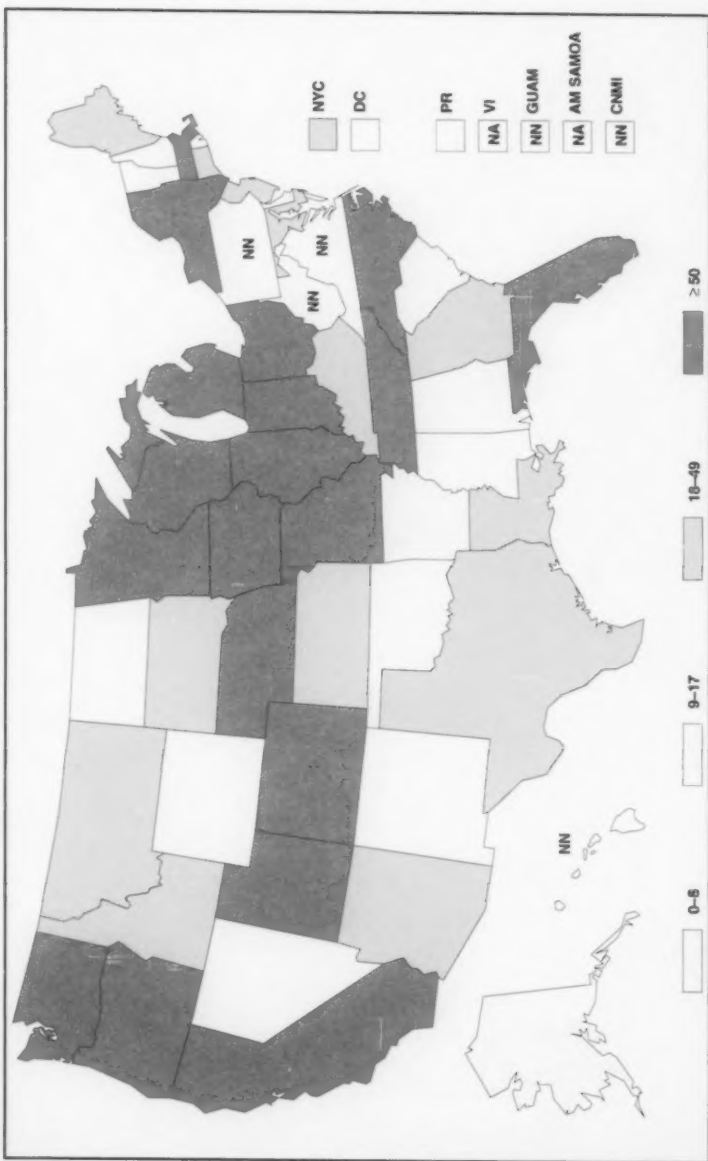
DIPHTHERIA — by year, United States, 1967–1997



NOTE: DTP vaccine was licensed in 1949.

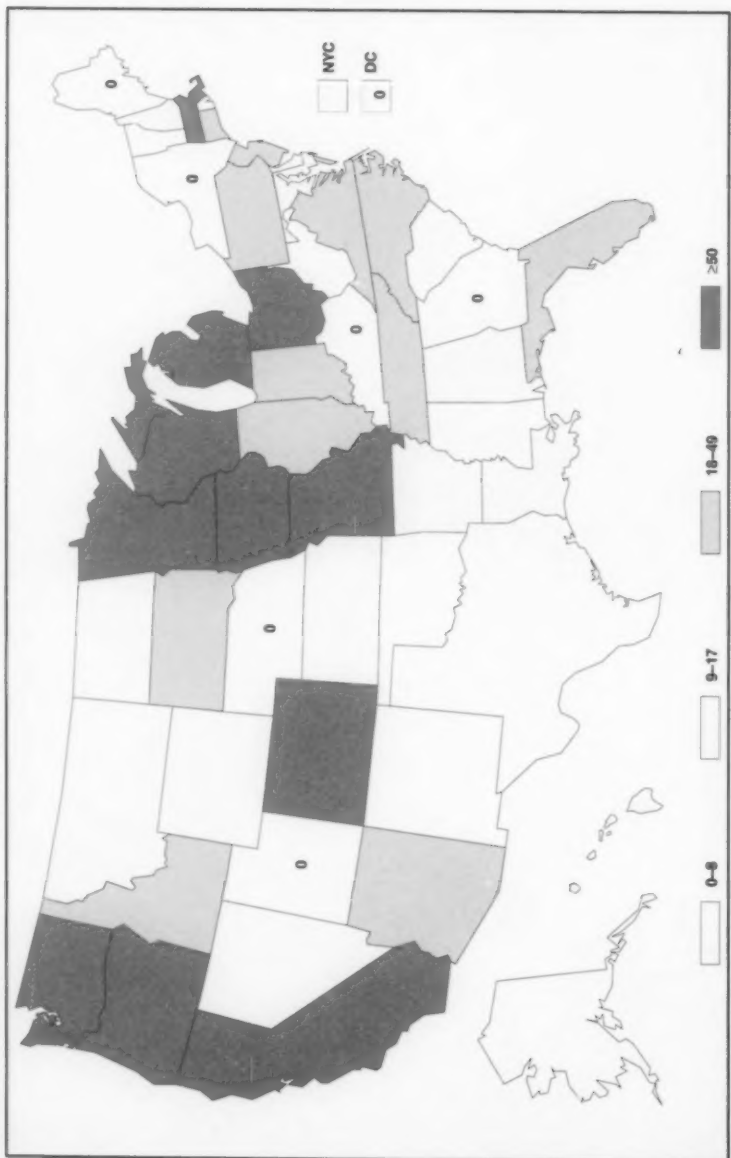
Respiratory diphtheria continues to be rare in the United States; only two confirmed and two probable cases were reported in 1997.

ESCHERICHIA COLI O157:H7 — reported cases, United States and territories, 1997



The number of states in which *E. coli* O157:H7 infection is a notifiable disease increased from 44 in 1996 to 46 in 1997. However, because <60% of clinical laboratories routinely test all stools — or even all bloody stools — for *E. coli* O157:H7, many infections are not recognized or reported.

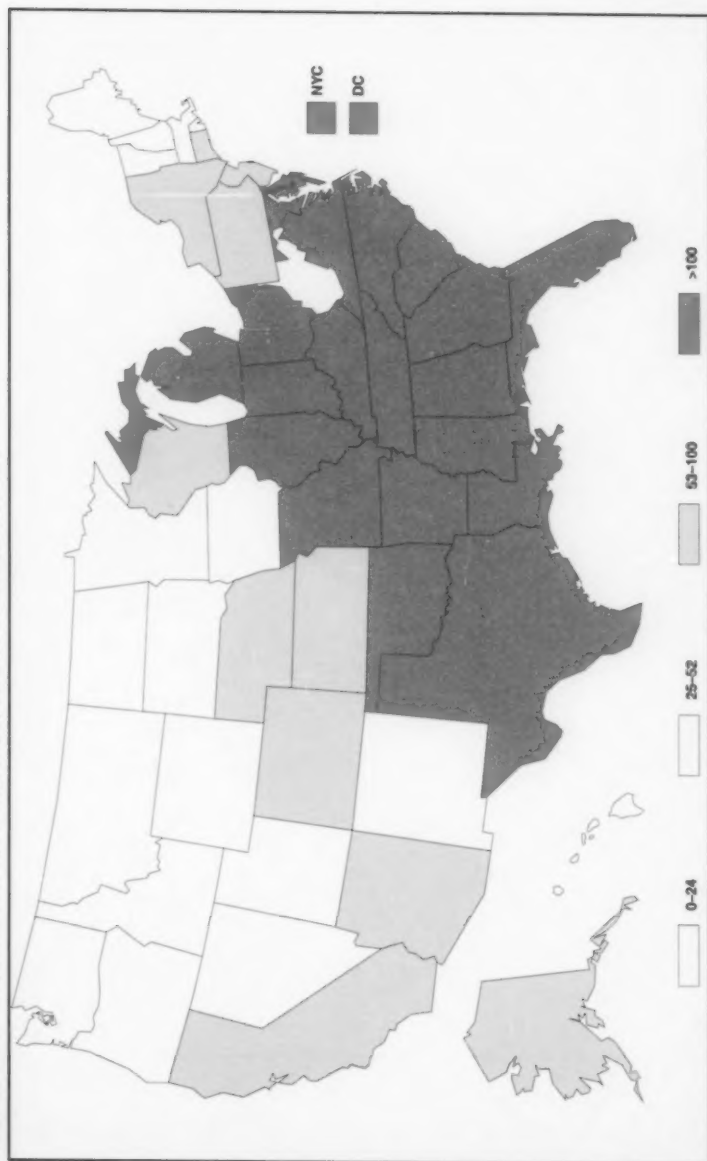
32 *ESCHERICHIA COLI* O157:H7 — reported isolates,* United States, 1997



*Data from the Public Health Laboratory Information System (PHLIS).

Only *E. coli* O157:H7 isolates that are confirmed by a state public health laboratory are reported to PHLIS. Many public health laboratories are now able to subtype isolates using pulsed-field gel electrophoresis, a procedure that facilitates comparison of strains among states.

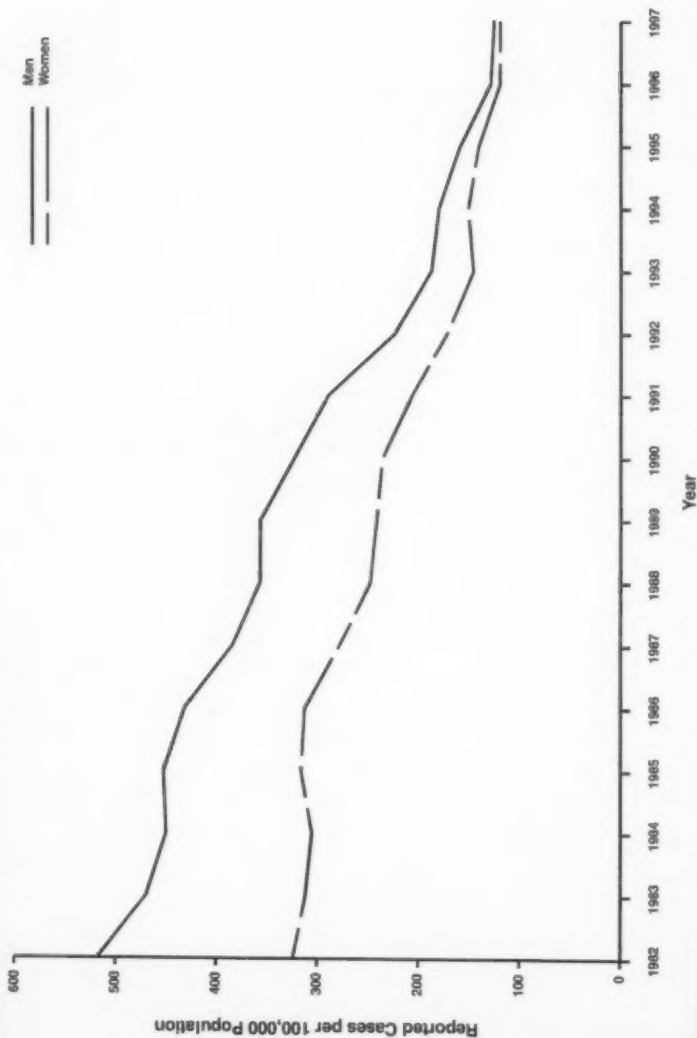
GONORRHEA — reported cases per 100,000 population, United States, 1997



NOTE: The revised *Healthy People 2000* objective is ≤ 100 per 100,000 population.

The overall U.S. rate of gonorrhea in 1997 was 121.4 per 100,000 population; 30 states reported gonorrhea rates below the revised *Healthy People 2000* national objective.

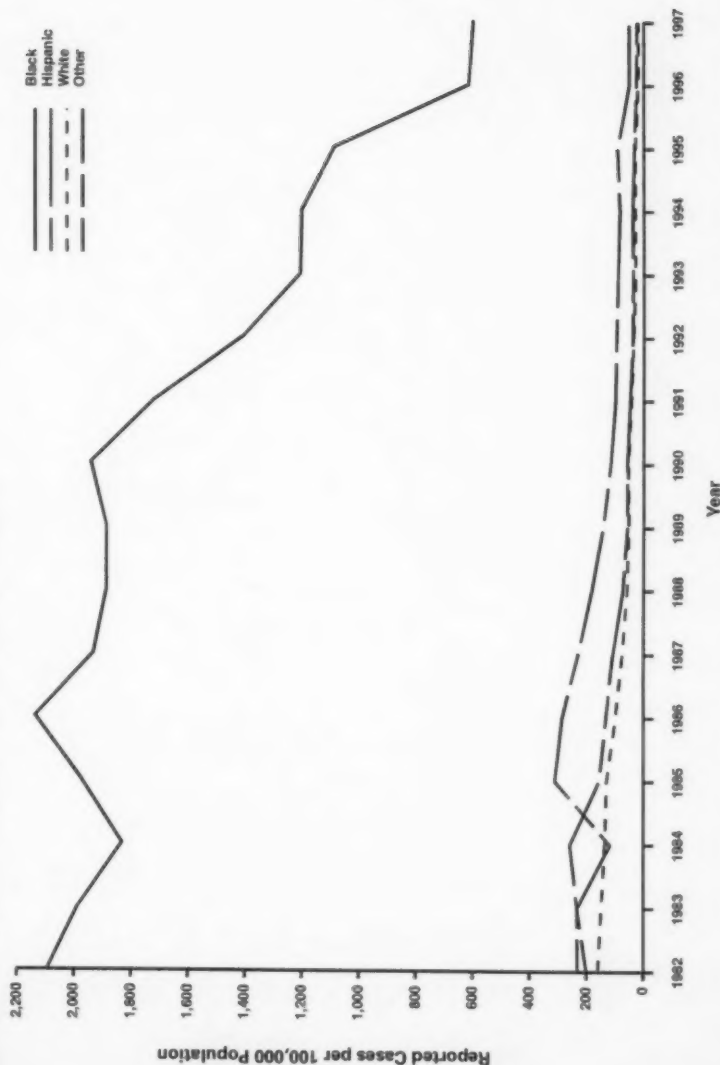
44 GONORRHEA — by sex, United States, 1982-1997



In 1997, the overall reported rate of gonorrhea in the United States was 121.4 per 100,000 population, similar to the rate of 122.8 in 1996. Among men, the rate decreased slightly from 128.5 per 100,000 population in 1996 to 125.4 in 1997. Among women, the rate increased slightly from 118.3 per 100,000 population in 1996 to 119.3 in 1997.*

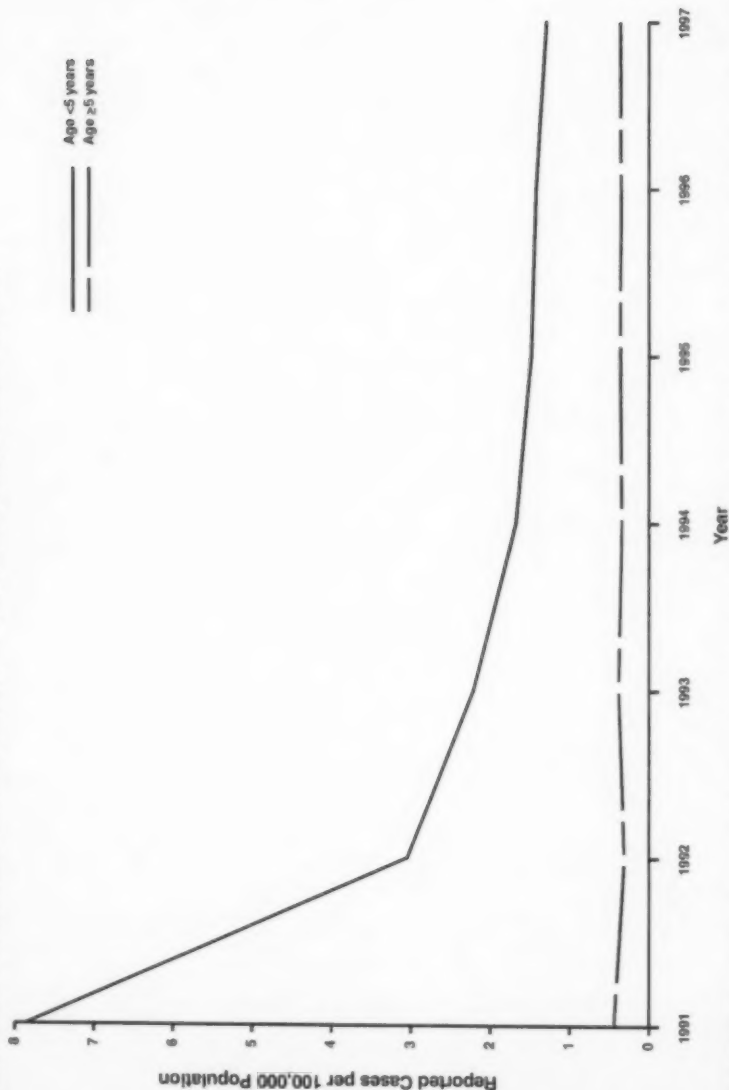
*Data source: Division of Sexually Transmitted Diseases Prevention, National Center for HIV, STD, and TB Prevention.

GONORRHEA — by race and ethnicity, United States, 1982-1997



In 1997, gonorrhea rates decreased or remained the same among all racial and ethnic groups. The only exception occurred among Asian/Pacific Islanders (included in the "other" race and ethnicity category).

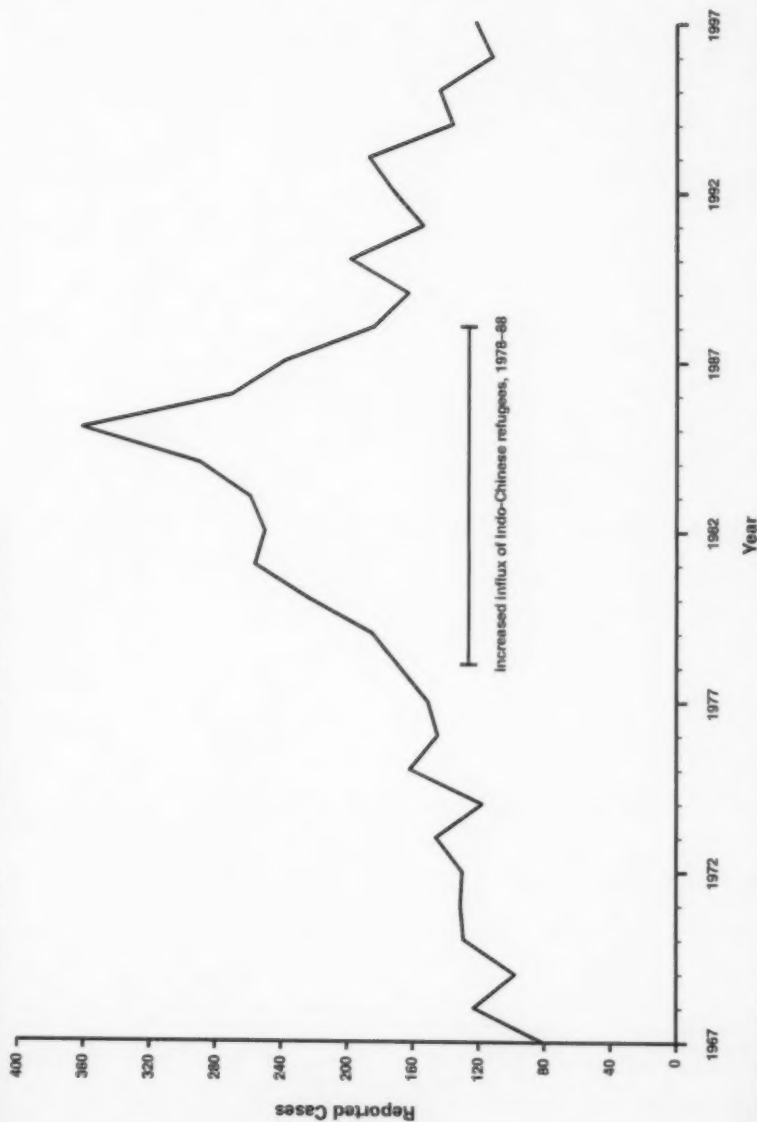
HAEMOPHILUS INFLUENZAE (Invasive Disease) — by age group, United States, 1991–1997



Before the introduction of the *Haemophilus influenzae* type b (Hib) vaccine in December 1987, the incidence of Hib invasive disease among children aged <5 years was estimated to be 60–110 per 100,000 population. In 1997, 260* cases of all serotypes of *H. influenzae* invasive disease among children aged <5 years were reported (incidence: 1.3 per 100,000 children); 82 (32%) cases were attributable to Hib (incidence: 0.4 per 100,000 children).

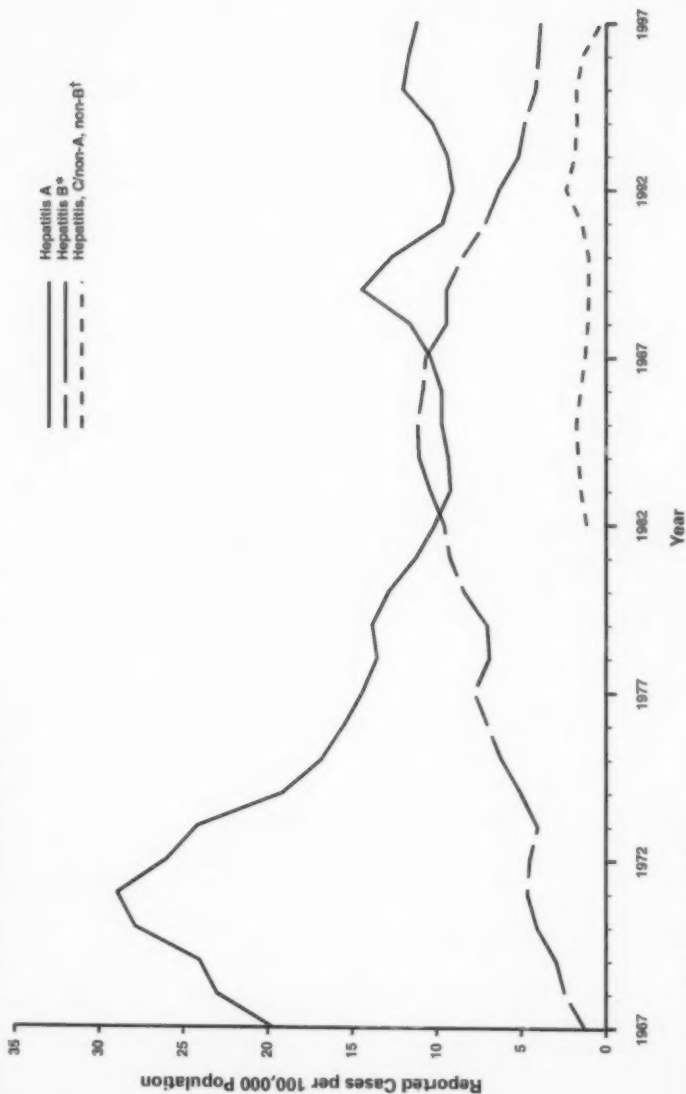
* Data source: National Immunization Program by date of onset.

HANSEN DISEASE (Leprosy) — by year, United States, 1967–1997



In 1997, a total of 122 cases of Hansen disease were reported in the United States. The number of cases peaked at 361 in 1985; since 1988, the number has remained relatively stable.

HEPATITIS — by year, United States, 1967–1997

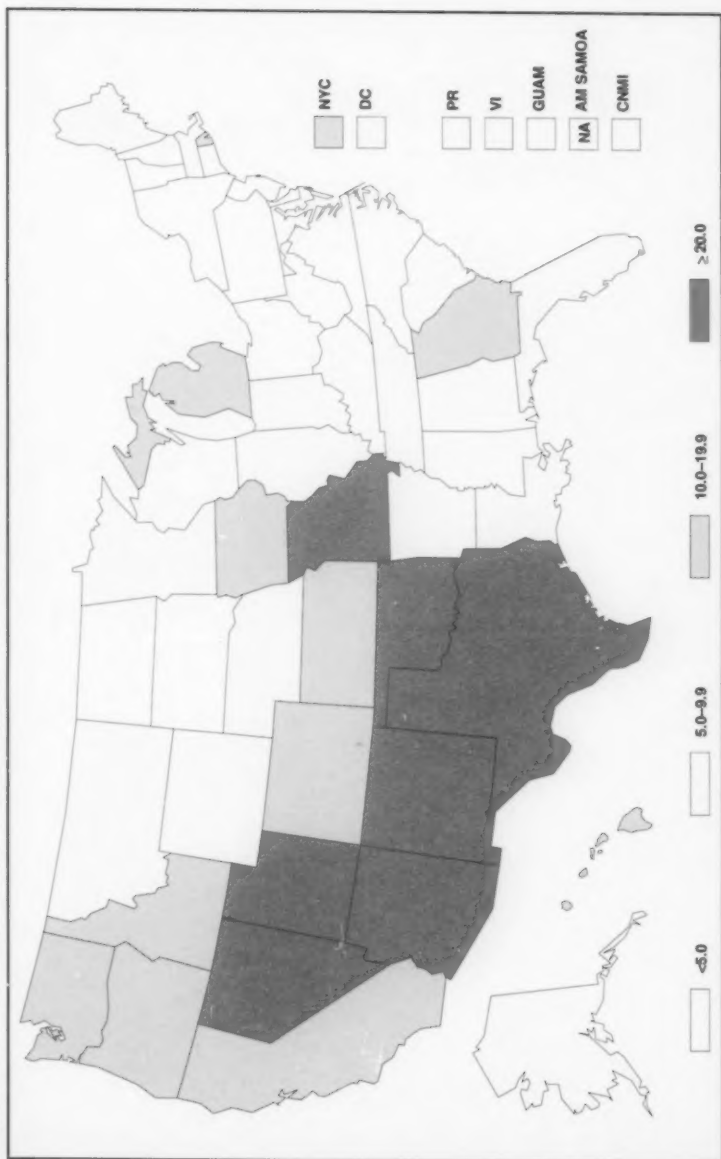


*The first hepatitis B vaccine was licensed in June 1982.

†Anti-HCV antibody test was available as of May 1990.

Hepatitis C/non-A, non-B is the most underreported type of viral hepatitis. Nonetheless, the increase observed in this type of hepatitis after 1990 is misleading because, in some states, reported cases have included those among persons identified in routine screening programs who were positive for antibody to hepatitis C virus but who did not have evidence of acute hepatitis.

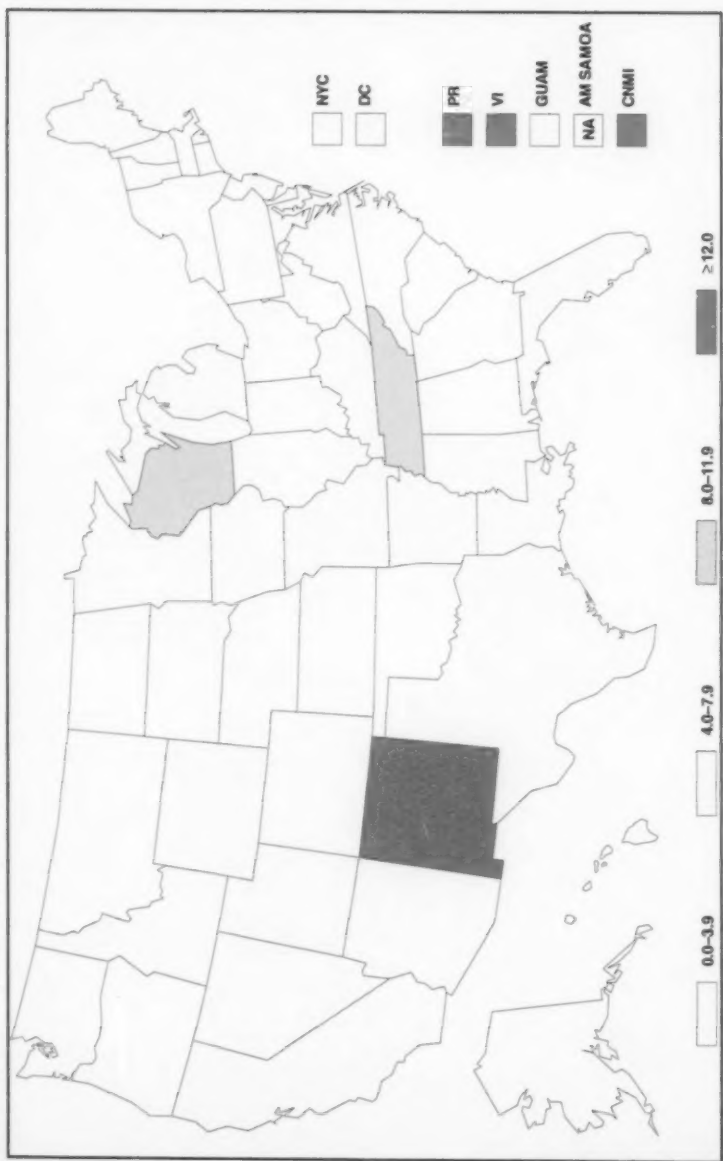
HEPATITIS A — reported cases per 100,000 population, United States and territories, 1997



After reaching a rate of 12.1 cases per 100,000 population in 1995, the incidence of hepatitis A has declined slightly. In 1997, the rate of hepatitis A in the western United States was more than 2.5 times the average rate in other regions.

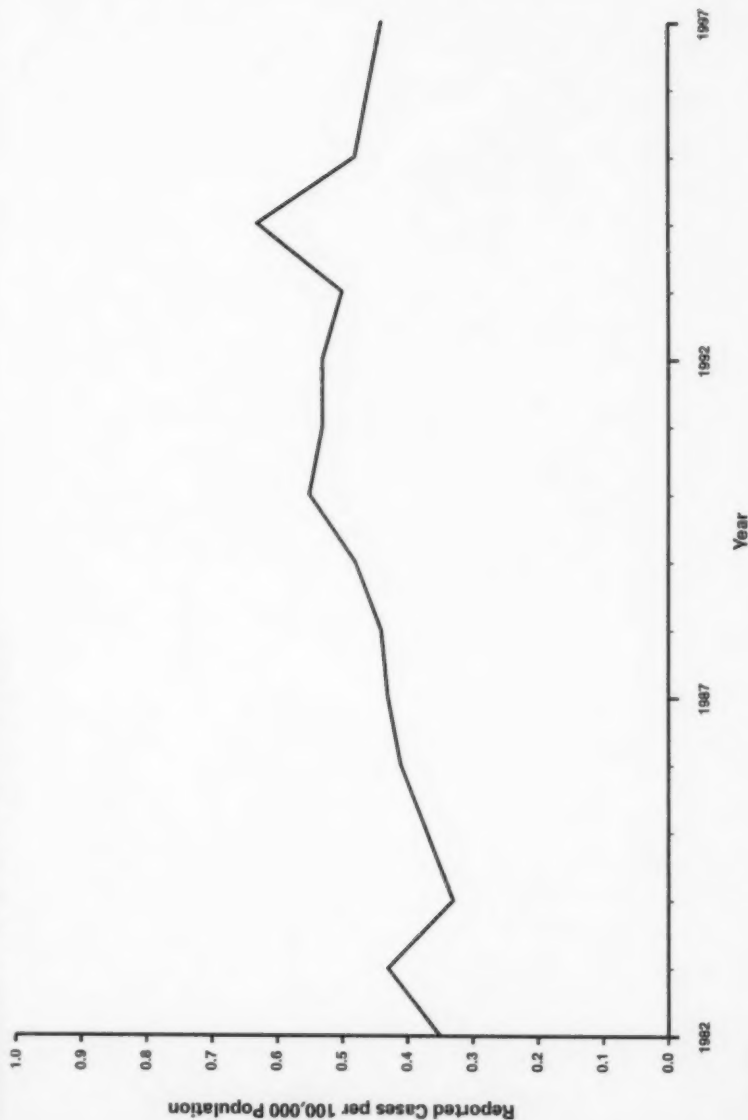
GRAPHS AND MAPS

HEPATITIS B — reported cases per 100,000 population, United States and territories, 1997



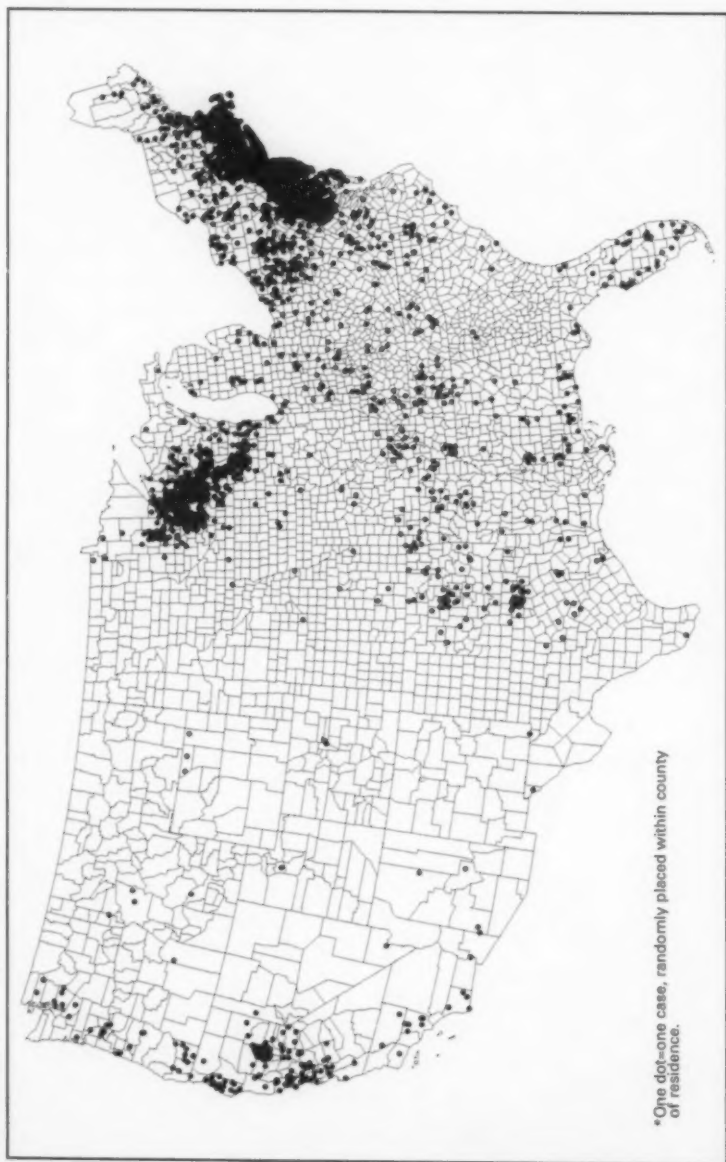
Hepatitis B continues to decline in most states, primarily because of a decrease in the number of cases among injecting-drug users and, to a lesser extent, because of a decline in cases associated with both male homosexual practices and heterosexual practices.

LEGIONELLOSIS — by year, United States, 1982-1997



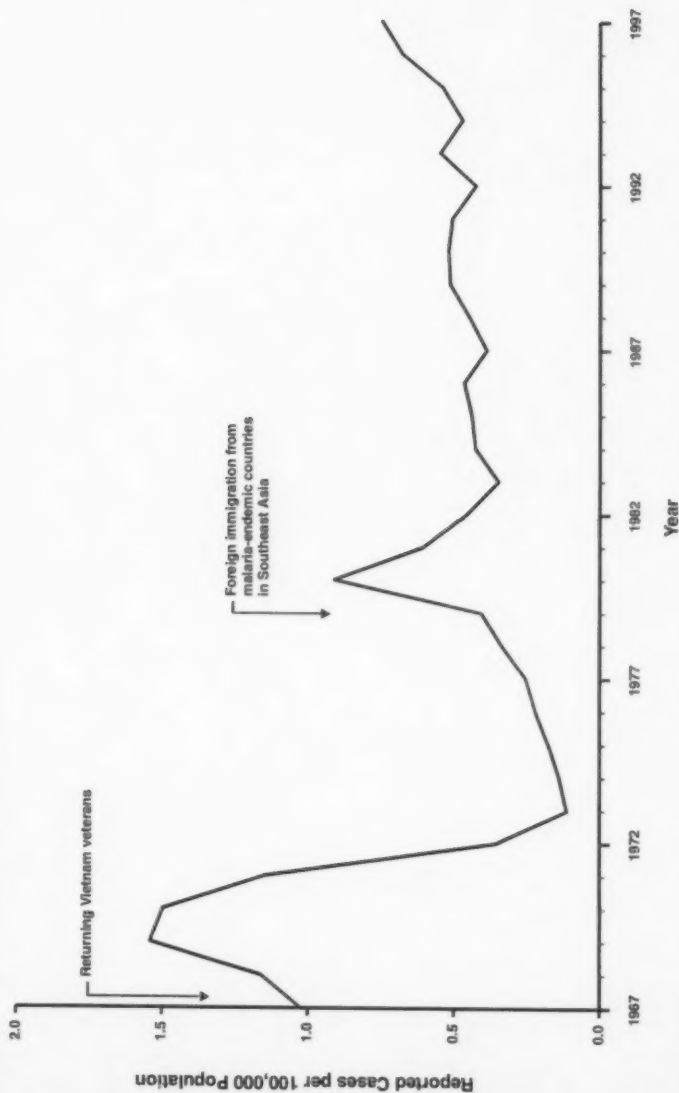
In 1997, the overall reported rate of legionellosis in the United States was 0.44 per 100,000 population. However, data from prospective, population-based studies of persons with pneumonia indicate that the actual rate of legionellosis is more than 10-fold this number.

LYME DISEASE — reported cases*, United States, 1997



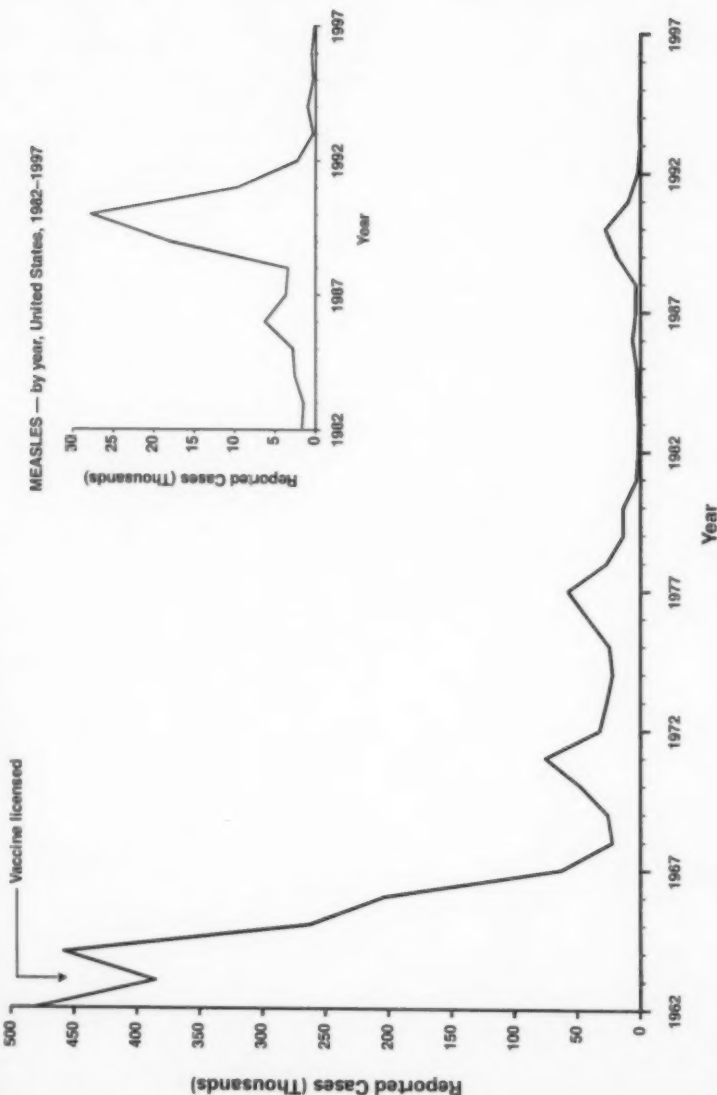
In 1997, a total of 12,801 cases of Lyme disease were reported by 46 states and the District of Columbia. The 10 states with the highest incidence of Lyme disease cases per 100,000 population were Connecticut, Rhode Island, New Jersey, New York, Pennsylvania, Delaware, Massachusetts, Wisconsin, Minnesota, and Maryland. These states accounted for 92% of the reported Lyme disease cases in 1997.

MALARIA — by year, United States, 1967–1997



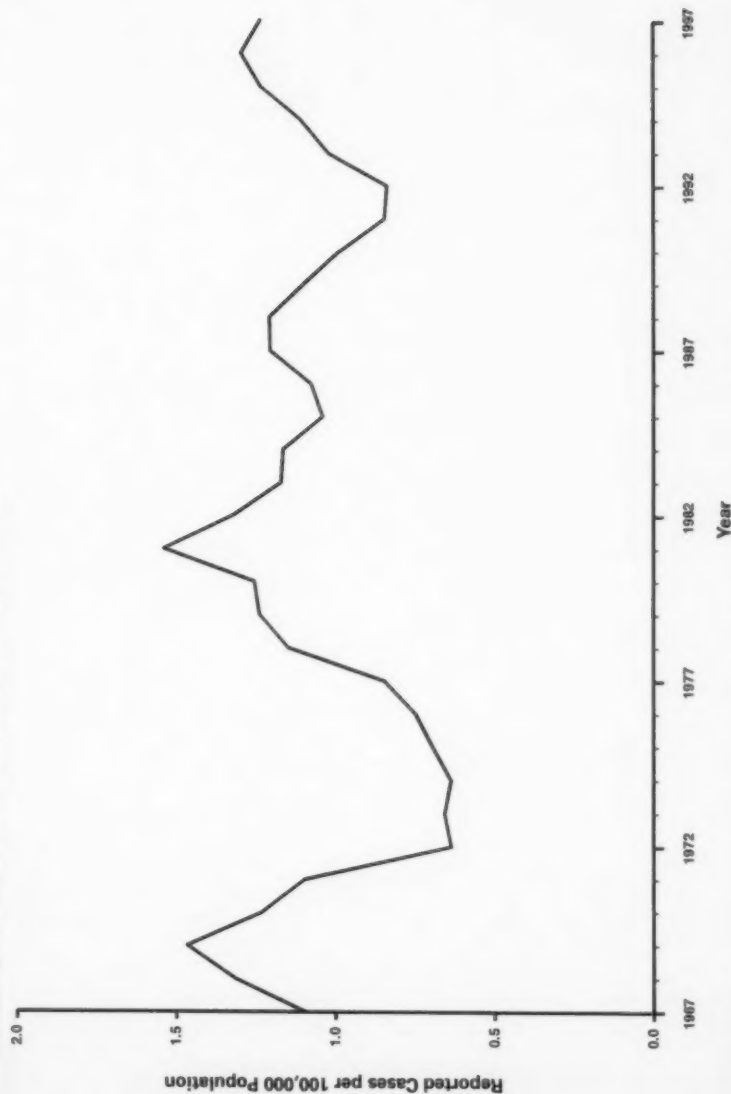
During the last 10 years, an increasing number of single cases or limited case clusters of locally acquired, mosquito-borne malaria have been reported in the United States, particularly near urban areas.

MEASLES (Rubeola) — by year, United States, 1962–1997



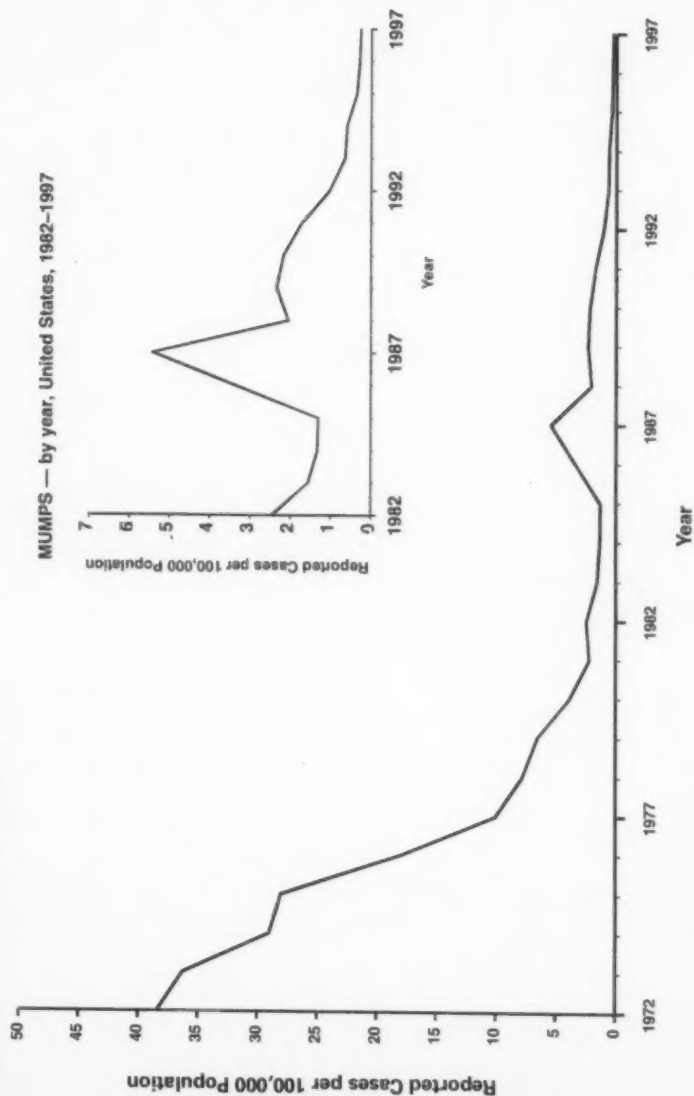
In 1997, a total of 138 cases of measles were reported, which is the lowest number ever reported and a 55% decrease from the previous record low. Imported cases accounted for 41% of all cases, and an additional 18% of cases were epidemiologically or virologically linked to an international source.

MENINGOCOCCAL DISEASE — by year, United States, 1967–1997



The overall rate of meningococcal disease remained constant over the past year. The proportion of cases in which the serogroup was reported increased from 19% in 1996 to 31% in 1997. Serogroup Y continues to cause disease in the United States. In 1997, serogroup Y accounted for 29% of cases in which the serogroup was reported. Most other cases were caused by serogroup B (32%) and serogroup C (31%).

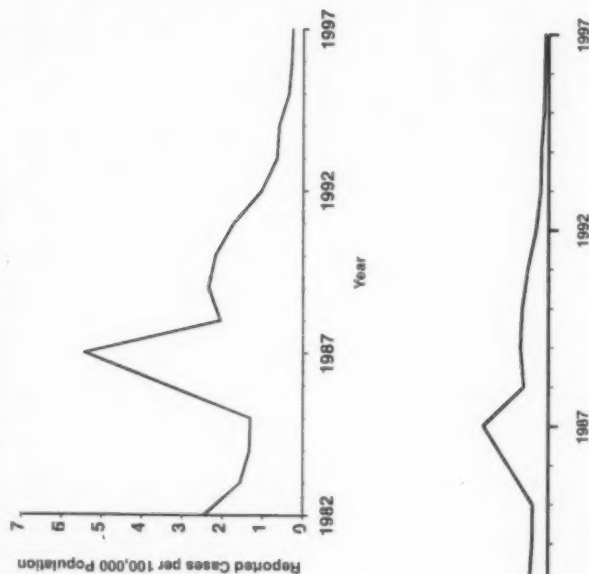
MUMPS — by year, United States, 1972–1997



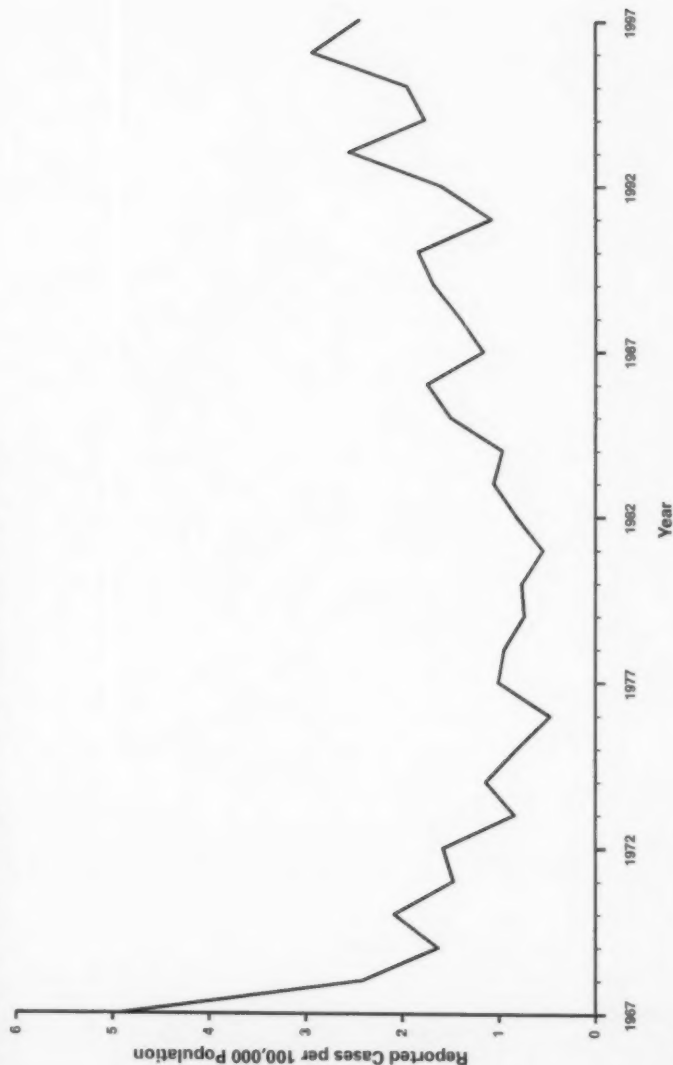
NOTE: Mumps vaccine was licensed in December 1967.

Since 1990, the incidence of mumps has decreased steadily.

MUMPS — by year, United States, 1982–1997



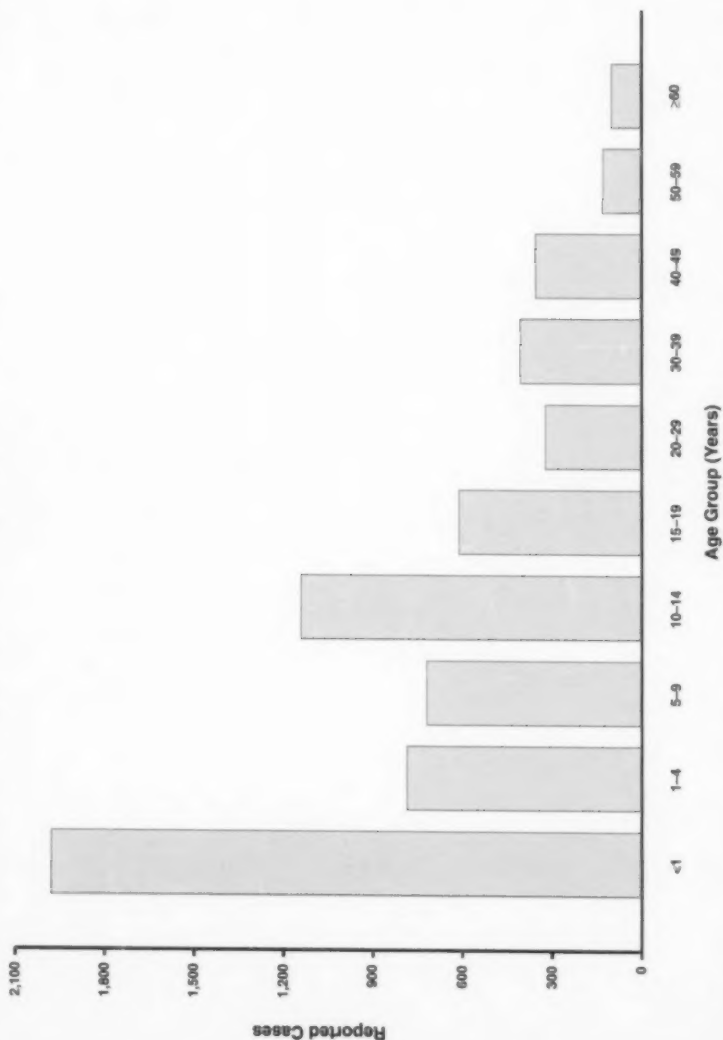
PERTUSSIS (Whooping Cough) — by year, United States, 1967-1997



NOTE: DTP vaccine was licensed in 1949.

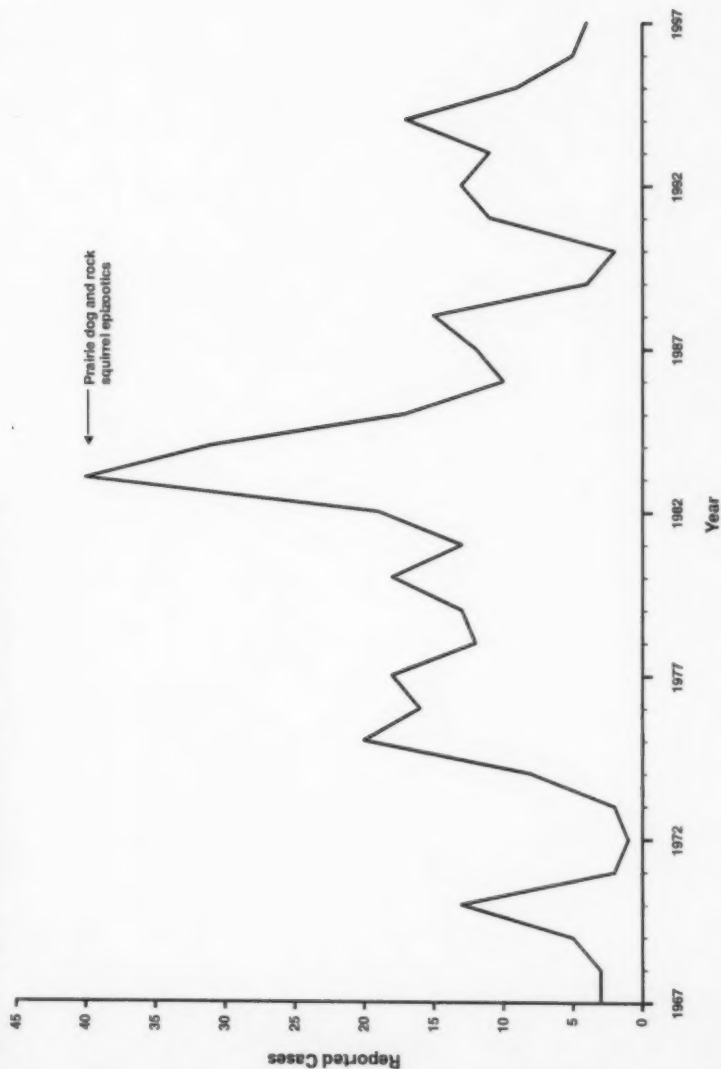
Pertussis epidemics occur every 3-4 years. During the last epidemic year (1996), the highest number of pertussis cases (7,796) since 1967 was reported with an incidence of 2.9 per 100,000 population. Since 1993, after each epidemic year, the number of reported cases has not returned to the baseline of the preepidemic year.

PERTUSSIS (Whooping Cough) — by age group, United States, 1997



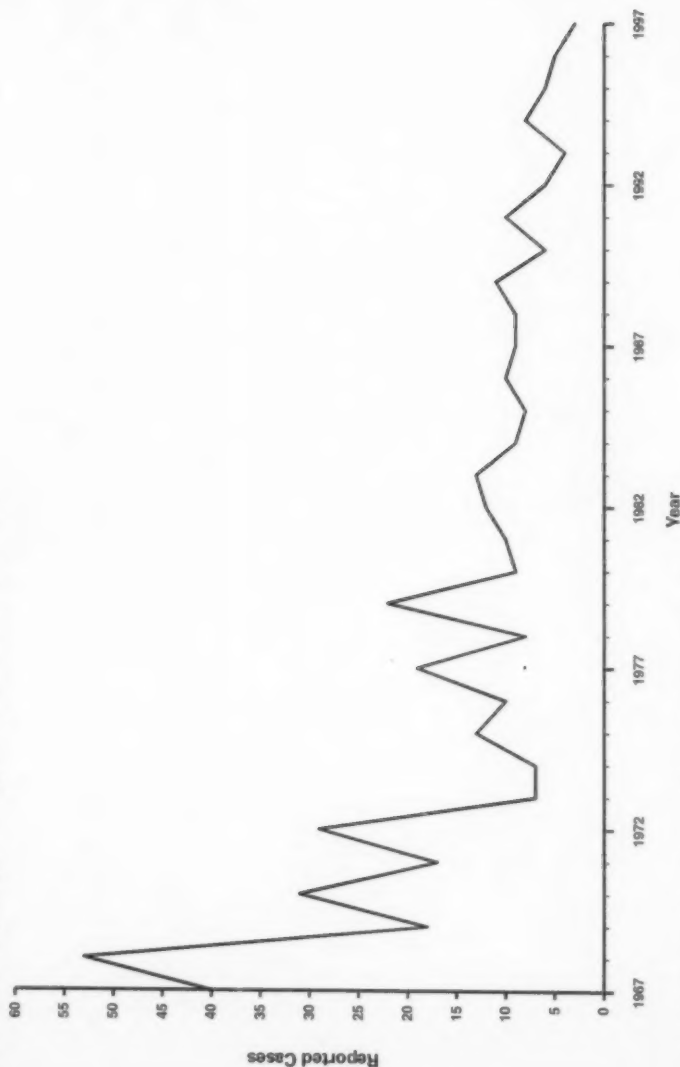
Although the highest number of reported cases continues to be among children aged <1 year, pertussis cases among adolescents and adults increasingly are being reported to CDC. In 1997, 48% of all reported pertussis cases occurred among persons aged ≥10 years. By comparison, during 1990-1992, 1993-1995, and 1996, the proportion of reported pertussis cases among persons aged ≥10 years was 24%, 29%, and 44%, respectively.

PLAGUE — among humans, by year, United States, 1967-1997



In 1997, four plague cases among humans were reported in the United States (two cases in California, one in Arizona, and one in Colorado). One case was fatal and diagnosed postmortem as septicemic plague.

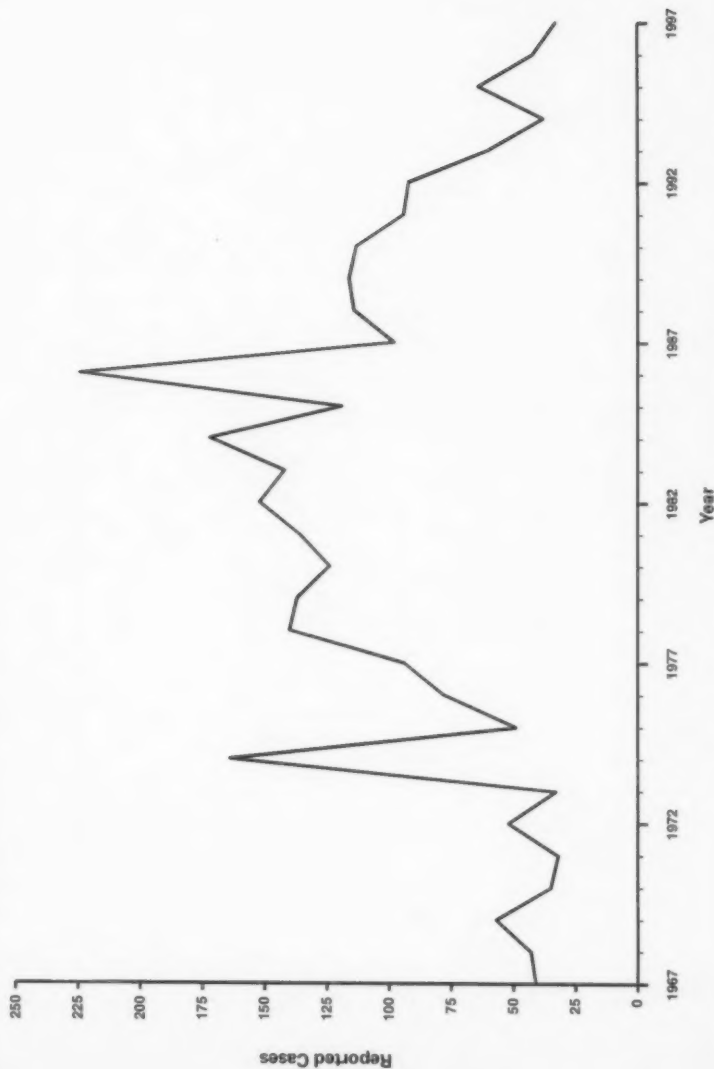
5 POLIOMYELITIS (paralytic) — by year, United States, 1967–1997



NOTE: Inactivated vaccine was licensed in 1955. Oral vaccine was licensed in 1961.

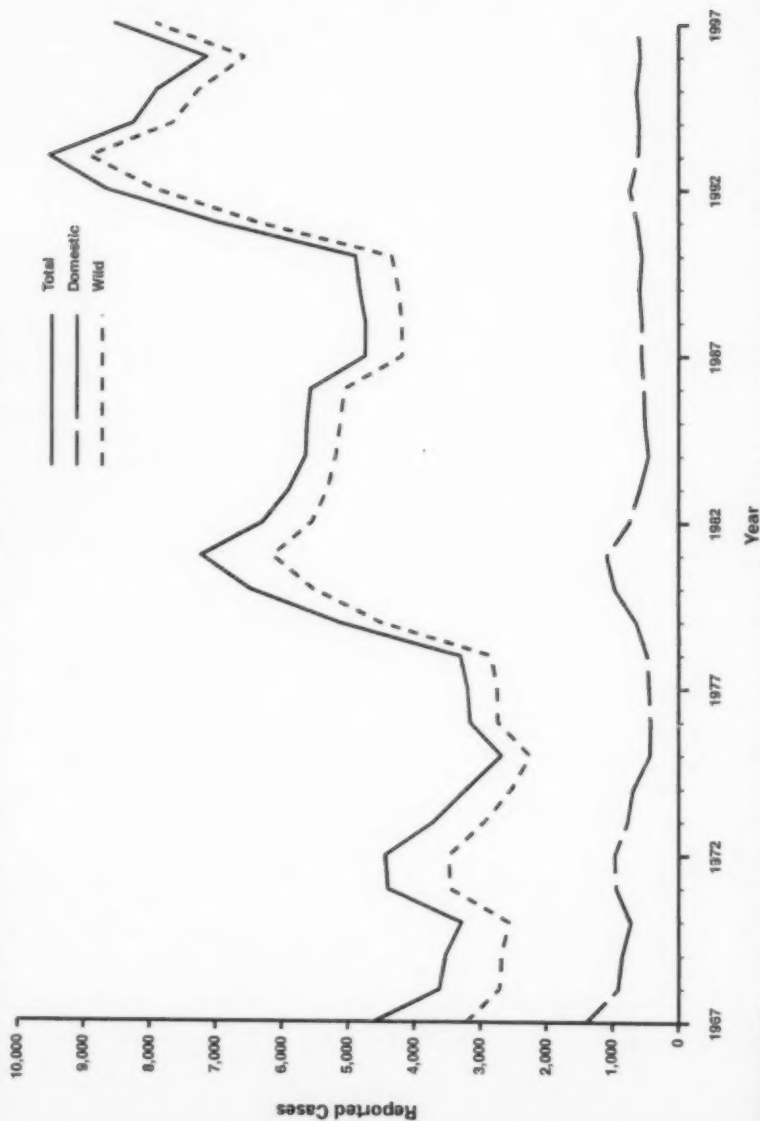
Of 142 cases of indigenous acquired paralytic poliomyelitis reported during 1960–1997, a total of 140 were associated with the administration of oral poliovirus vaccine (OPV). The remaining two cases were classified as indeterminate. To reduce the burden of poliomyelitis associated with the use of OPV in January 1997, the Advisory Committee on Immunization Practices (ACIP) recommended a sequential schedule of two doses of inactivated poliovirus vaccine (IPV) followed by two doses of OPV.

PSITTACOSIS — by year, United States, 1967–1997



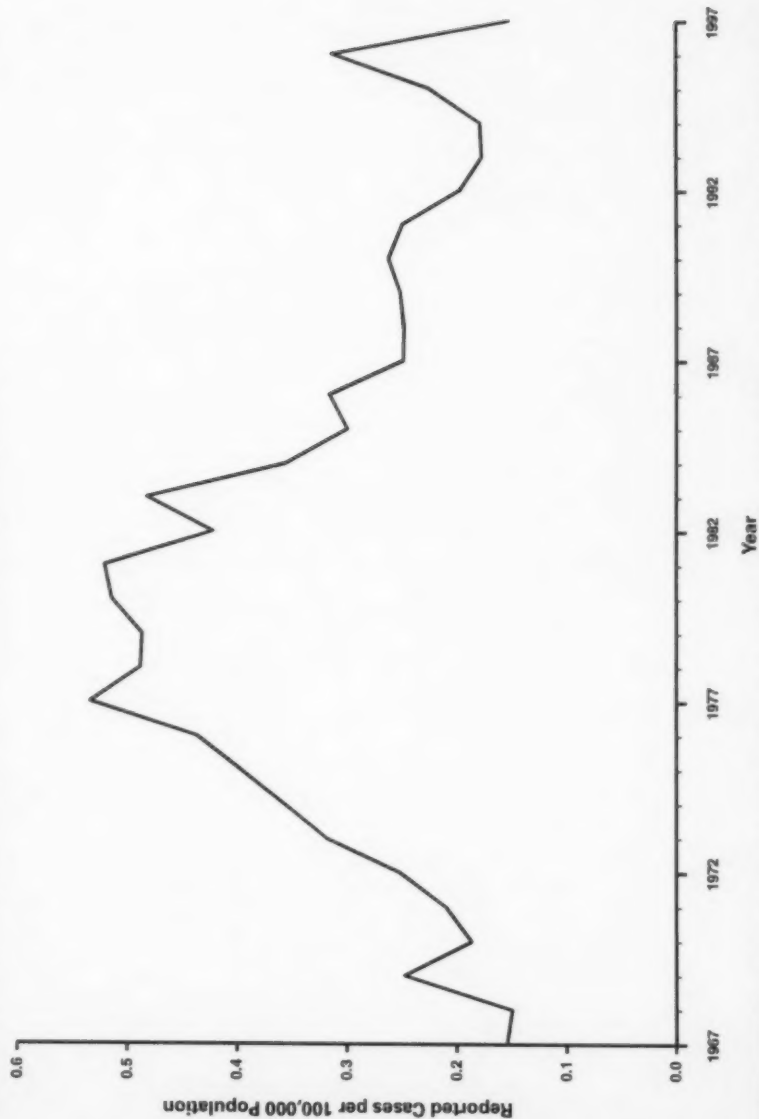
The number of psittacosis cases can vary from year to year because of periodic outbreaks. The apparent increase in cases during the late 1970s to mid-1980s might reflect greater application of diagnostic tests for *Chlamydia* species in patients with respiratory illness. The lower number of cases in recent years might reflect both improved diagnostic testing for distinguishing *C. psittaci* from *C. pneumoniae* infections and improvement in control measures for *C. psittaci* infection in birds.

RABIES — wild and domestic animals, by year, United States and Puerto Rico, 1967-1997



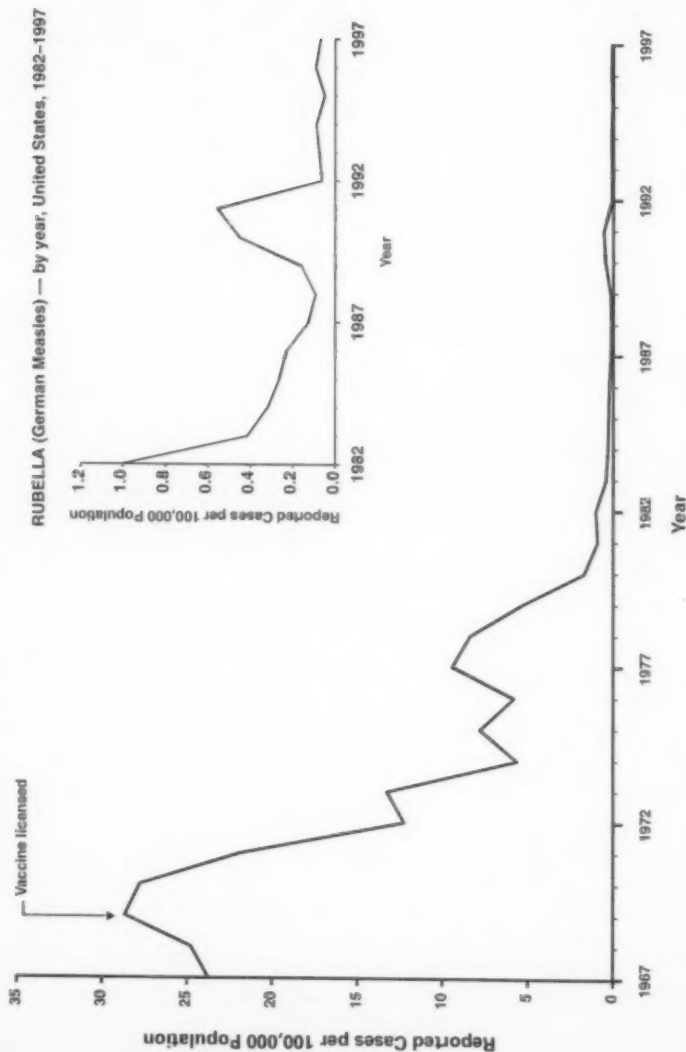
The resurgence of reported cases, following three consecutive years of decline, is primarily the result of cyclic or periodic reemergence of rabies, mainly among raccoons in the eastern United States. During 1997, populations variously decimated by previous epizootics again reached densities sufficient to support epizootic transmission of the disease.

ROCKY MOUNTAIN SPOTTED FEVER (RMSF) — by year, United States, 1967-1997



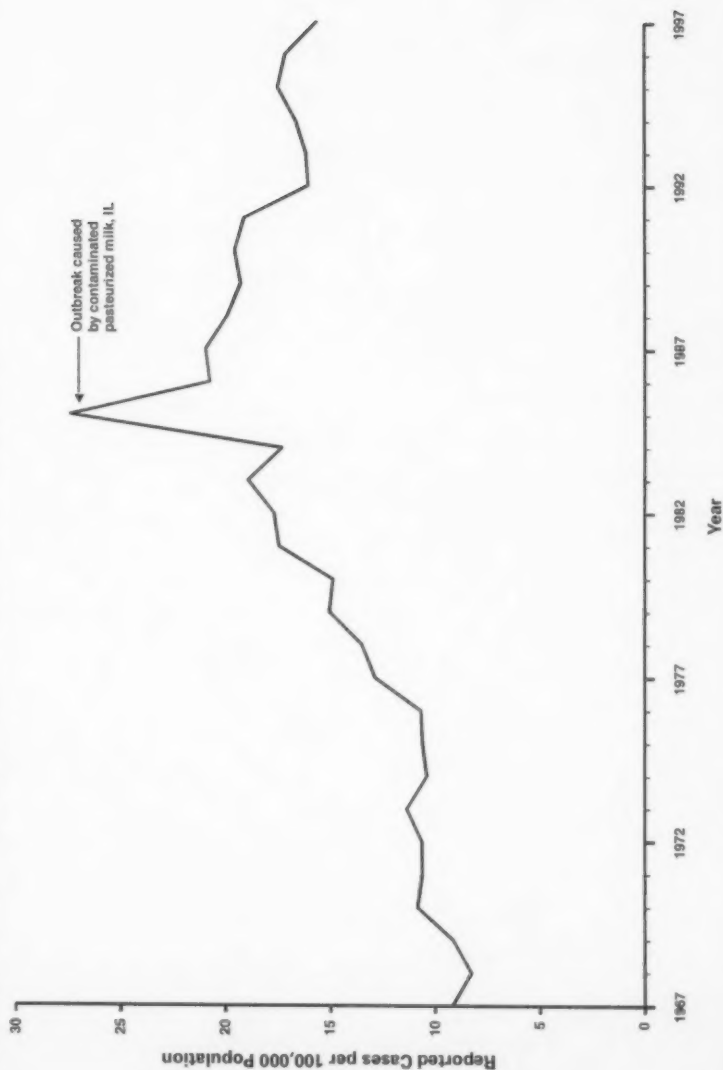
Changes in reported cases of Rocky Mountain spotted fever might reflect alterations to surveillance algorithms for this and other tickborne diseases. Biological factors (e.g., changes in tick populations resulting from fluctuating environmental conditions) also could be involved.

54 RUBELLA (German Measles) — by year, United States, 1967–1997



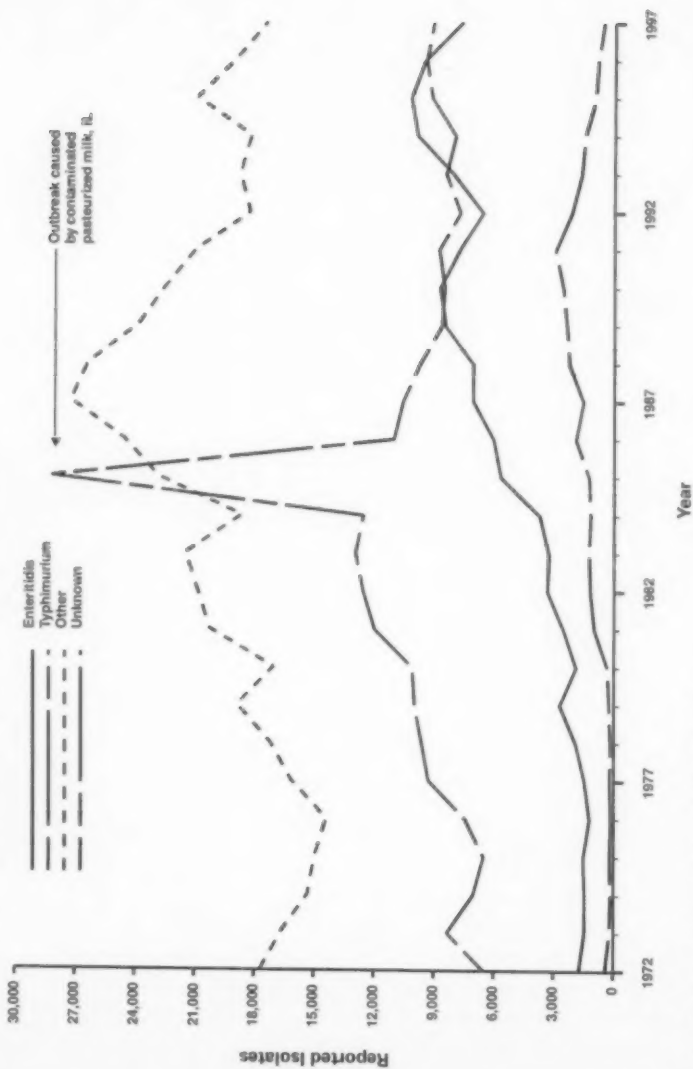
The incidence of reported rubella has decreased steadily. The highest proportion of cases is reported among persons aged >20 years.

SALMONELLOSIS (excluding Typhoid Fever) — by year, United States, 1967–1997



In 1997, *Salmonella* serotypes Typhimurium and Enteritidis together accounted for 46% of all salmonellosis reported in humans.

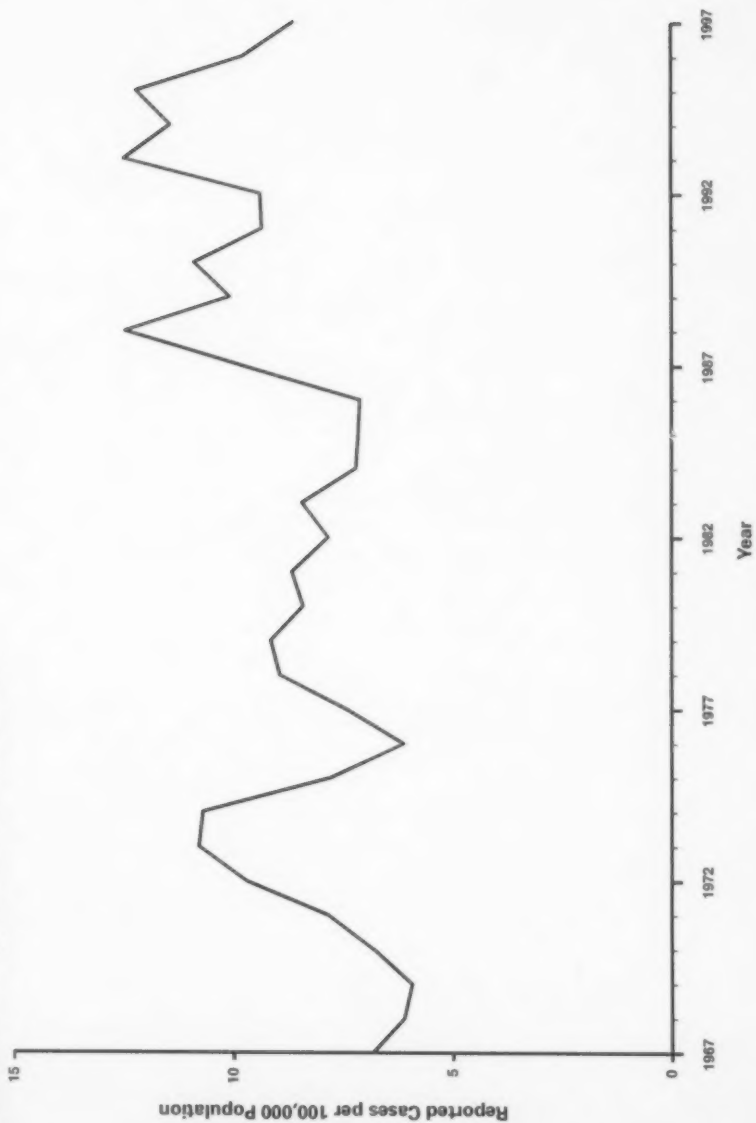
SALMONELLA — serotype of isolate by year,* United States, 1972-1997



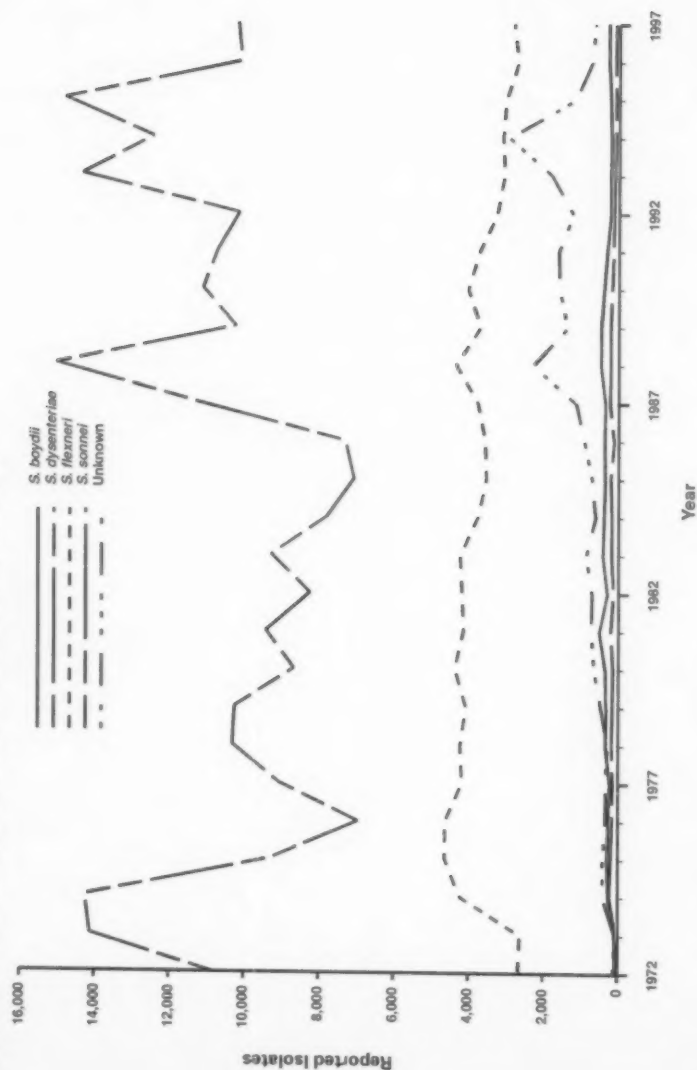
* Data from Public Health Laboratory Information System (PHLIS).

In 1997, Typhimurium was the most common *Salmonella* serotype isolated from humans; approximately 35% of all reported *S. Typhimurium* strains from humans are now resistant to five antimicrobial agents (i.e., ampicillin, chloramphenicol, sulfonamide, streptomycin, and tetracycline).

SHIGELLOSIS — by year, United States, 1967-1997



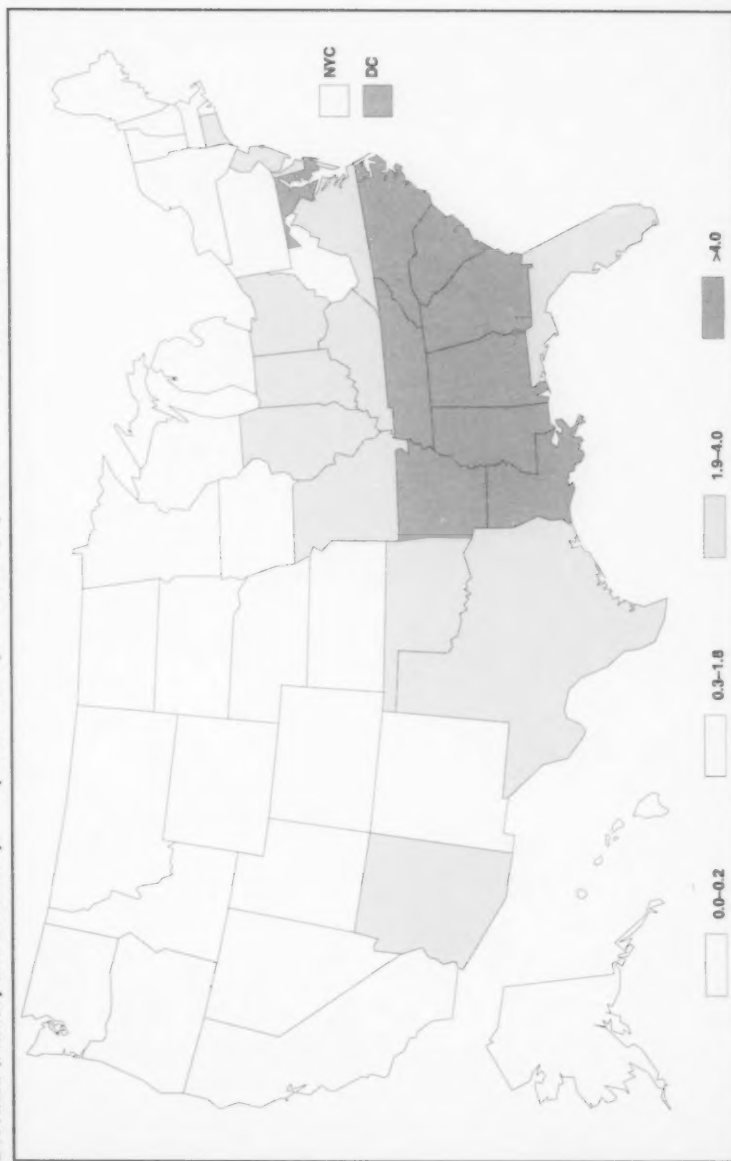
SHIGELLA — species of isolate by year,* United States, 1972-1997



* Data from Public Health Laboratory Information System (PHLIS).

Antimicrobial resistance among *Shigella* isolates has continued to increase; nearly 20% of *Shigella* isolates in the United States are resistant to both ampicillin and trimethoprim-sulfamethoxazole.

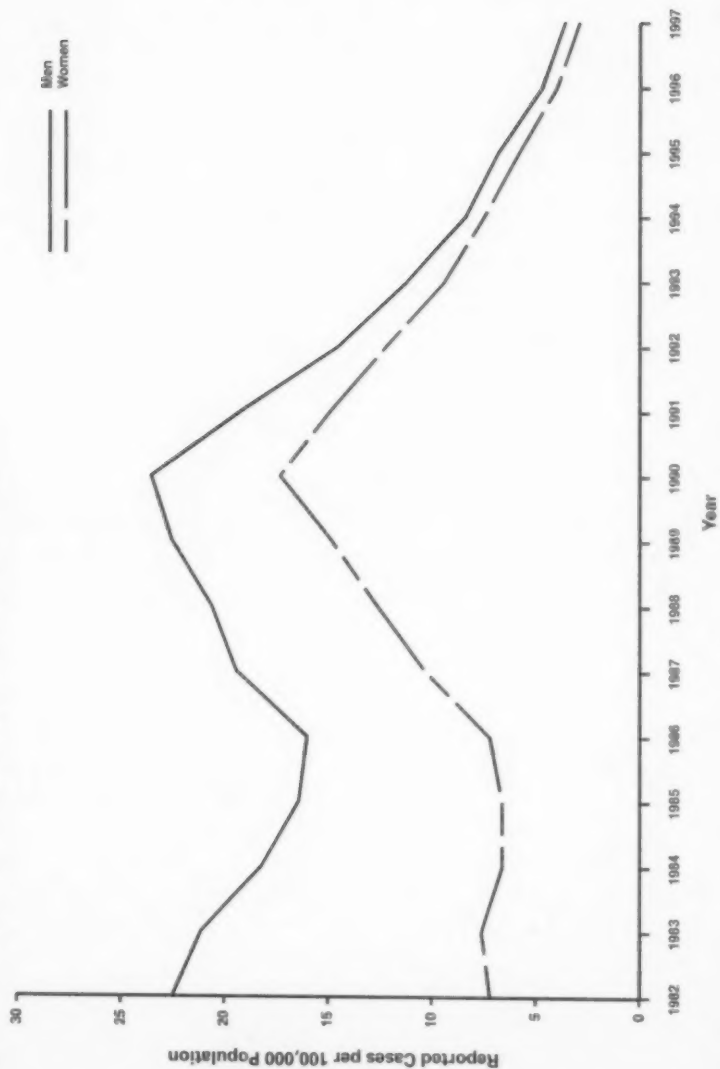
SYPHILIS (Primary and Secondary) — reported cases per 100,000 population, United States, 1997



NOTE: The revised *Healthy People 2000* objective is ≤ 4.0 per 100,000 population.

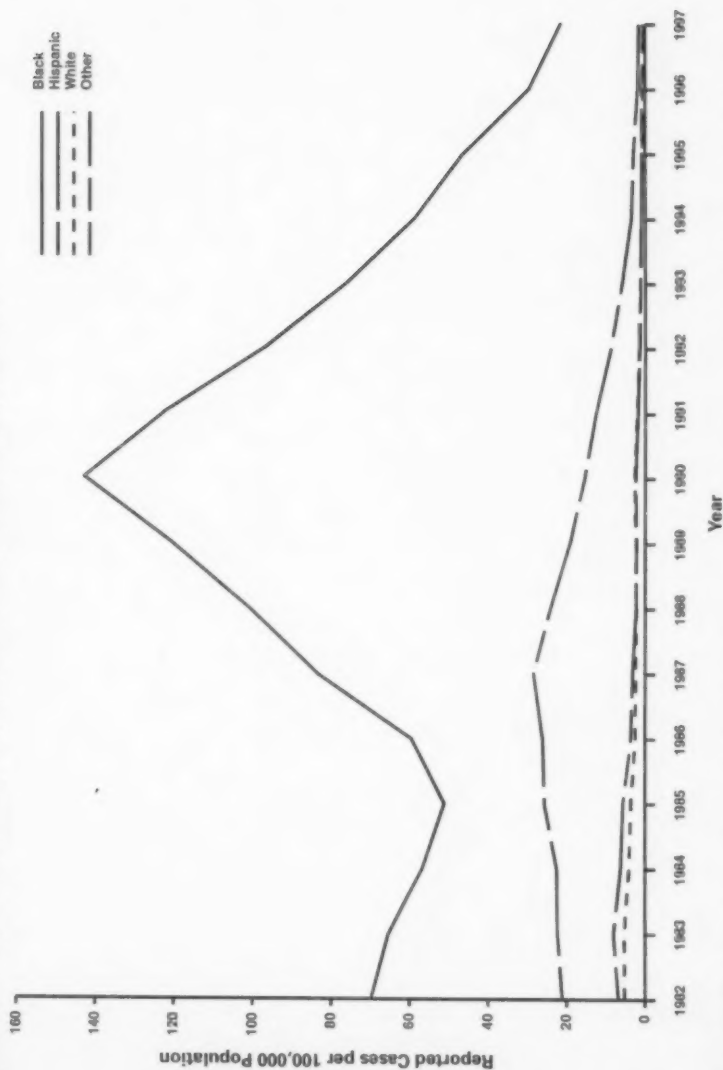
In 1997, the U.S. rate of primary and secondary syphilis of 3.2 per 100,000 population was below the revised national *Healthy People 2000* objective. Forty-one states reported rates below the national objective, and 12 states reported fewer than five cases.

SYPHILIS (Primary and Secondary) — by sex, United States, 1982–1997



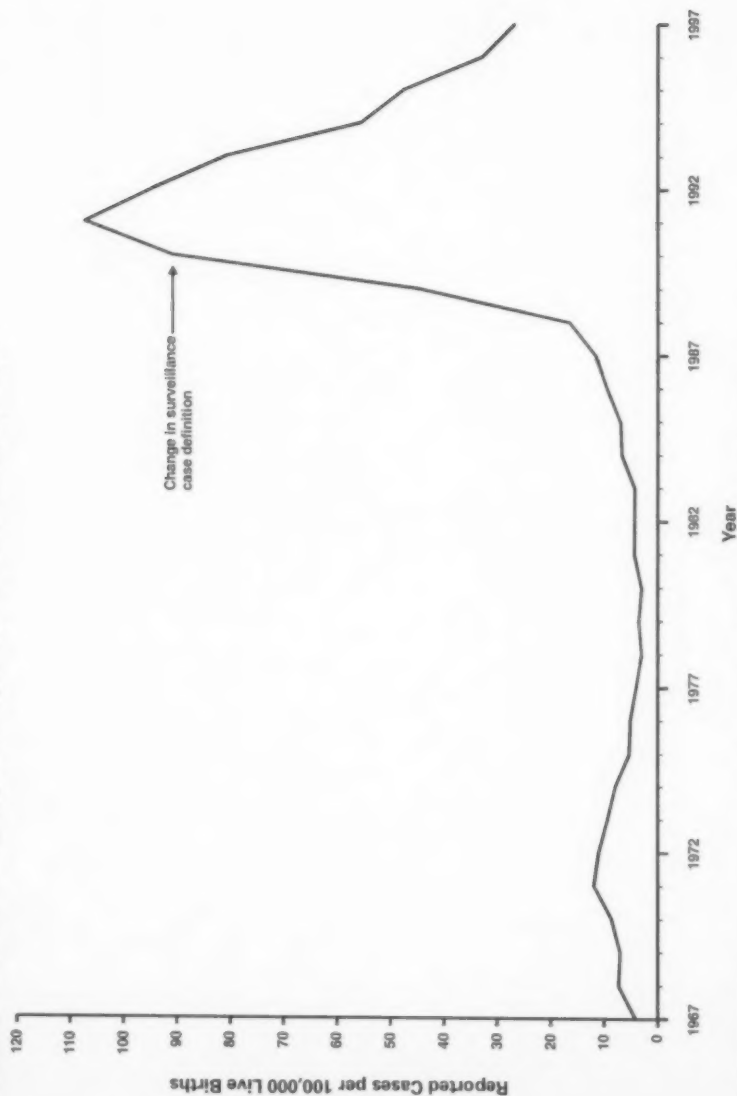
In 1997, the reported rate of primary and secondary syphilis in the United States continued to decline, with rates among both males and females below the *Healthy People 2000* objective of 4.0 per 100,000 population. Among men, the rate decreased from 4.7 per 100,000 population in 1996 to 3.6 in 1997. Among women, the rate decreased from 4.0 per 100,000 population in 1996 to 2.9 in 1997.

SYPHILIS (Primary and Secondary) — by race and ethnicity, United States, 1982-1997



In 1997, primary and secondary syphilis rates for all racial and ethnic groups declined. In 1997, however, the rate for non-Hispanic blacks (i.e., 22.0 cases per 100,000 population) was 44-fold greater than that for non-Hispanic whites.

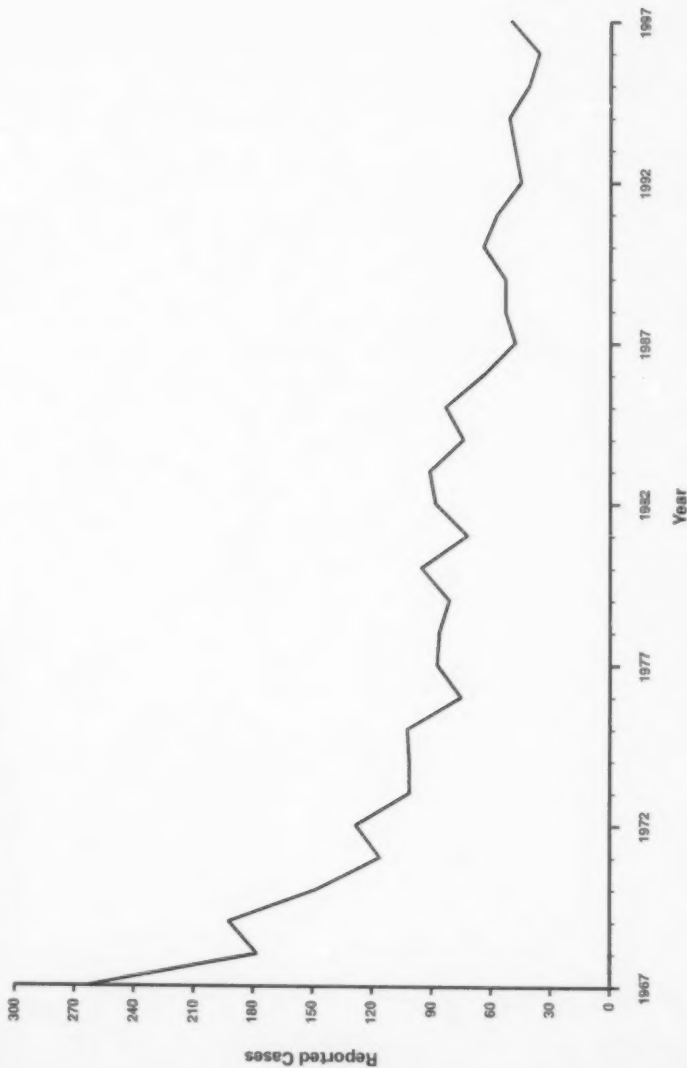
32 CONGENITAL SYPHILIS — among infants aged <1 year, United States, 1967–1997



The rate of congenital syphilis decreased from 32.9 cases per 100,000 live births in 1968 to 26.9 in 1997.*

*Data Source: Division of Sexually Transmitted Diseases Prevention, National Center for HIV, STD, and TB Prevention.

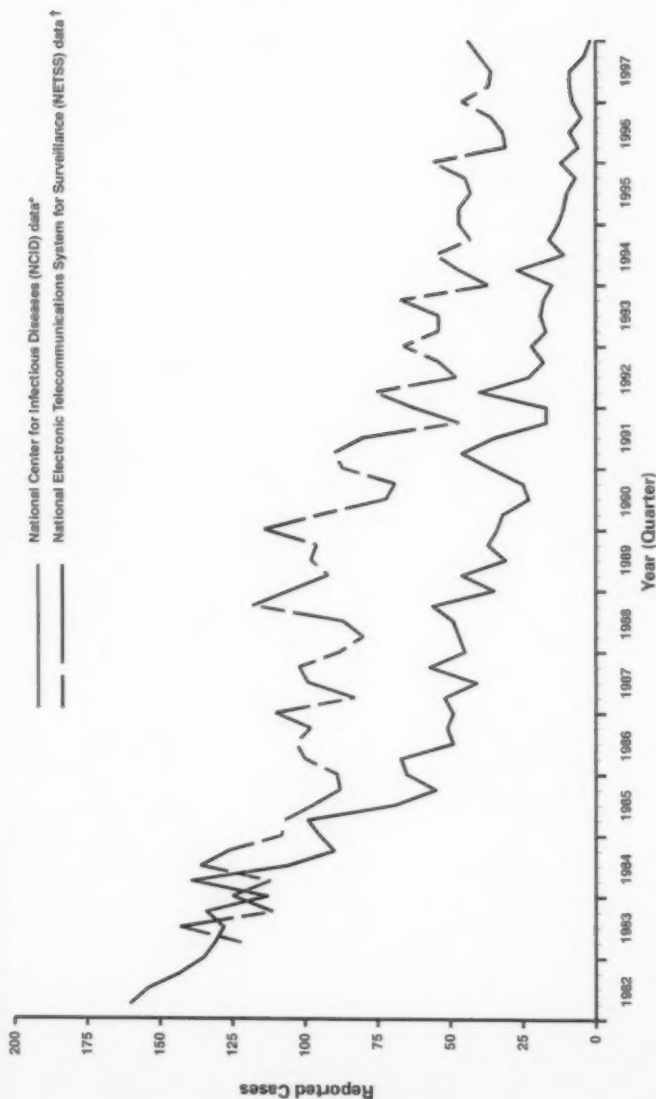
TETANUS — by year, United States, 1967–1997



NOTE: Tetanus toxoid was first available in 1933.

Tetanus among persons aged <25 years has been targeted for elimination within the United States by the year 2000. From 1995 through 1997, 12 (9.7%) of 124 reported cases were among persons aged <25 years, including one case in a neonate and three cases that occurred among persons with religious objections to vaccination.

TOXIC-SHOCK SYNDROME (TSS) — by quarter, United States, 1982–1997

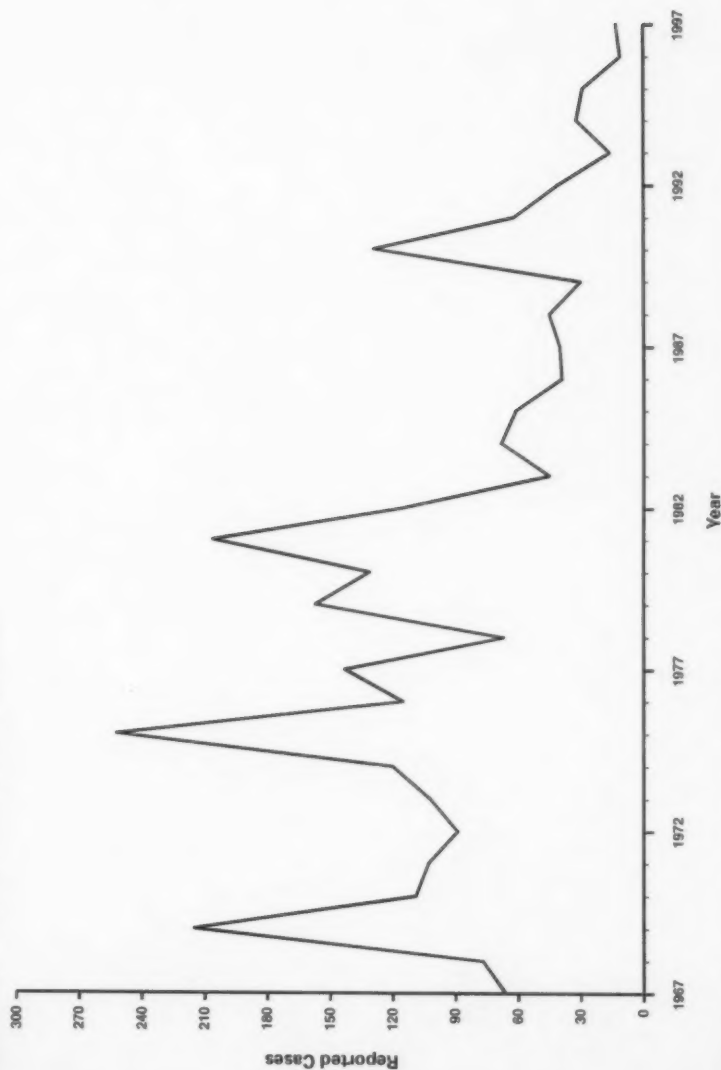


* Includes cases meeting the CDC definition for confirmed and probable cases for staphylococcal TSS (n=5,087).

† TSS data were first available through NETSS in 1983.

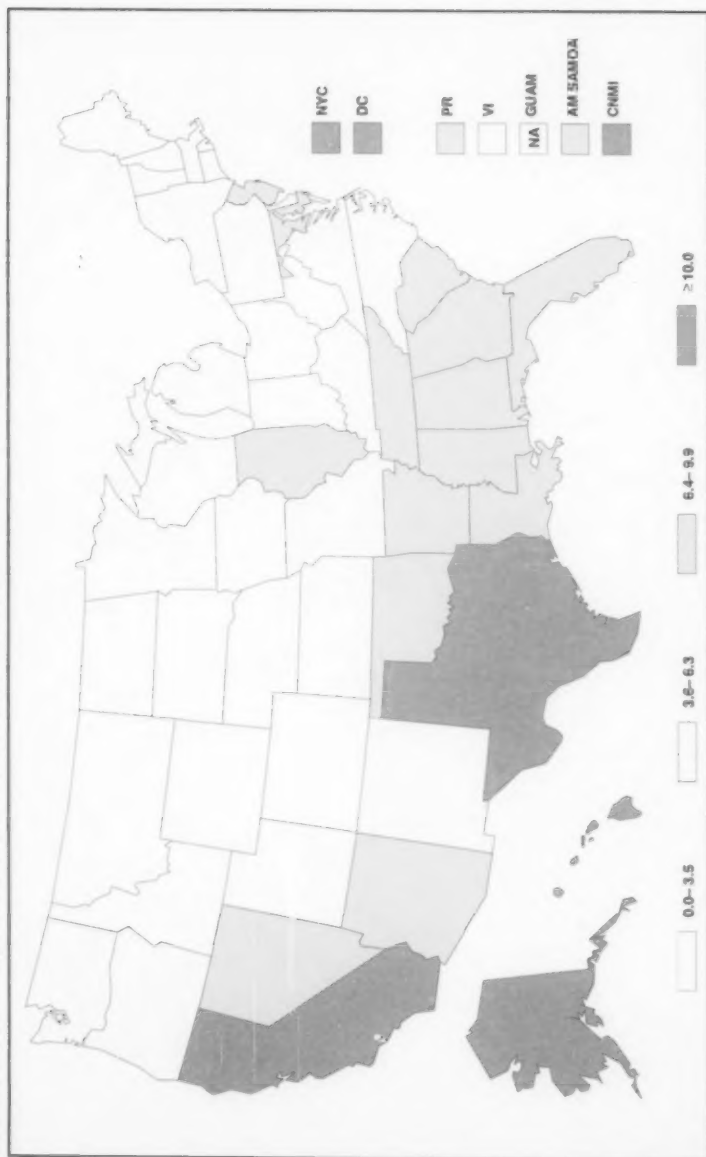
Although the number of cases of TSS reported through NETSS or NCID has not changed significantly over the last 5 years, trends of TSS should continue to be monitored, especially because new products (e.g., all-cotton tampons) and use patterns (e.g., using tampons overnight) have been introduced recently.

TRICHINOSIS — by year, United States, 1967–1997



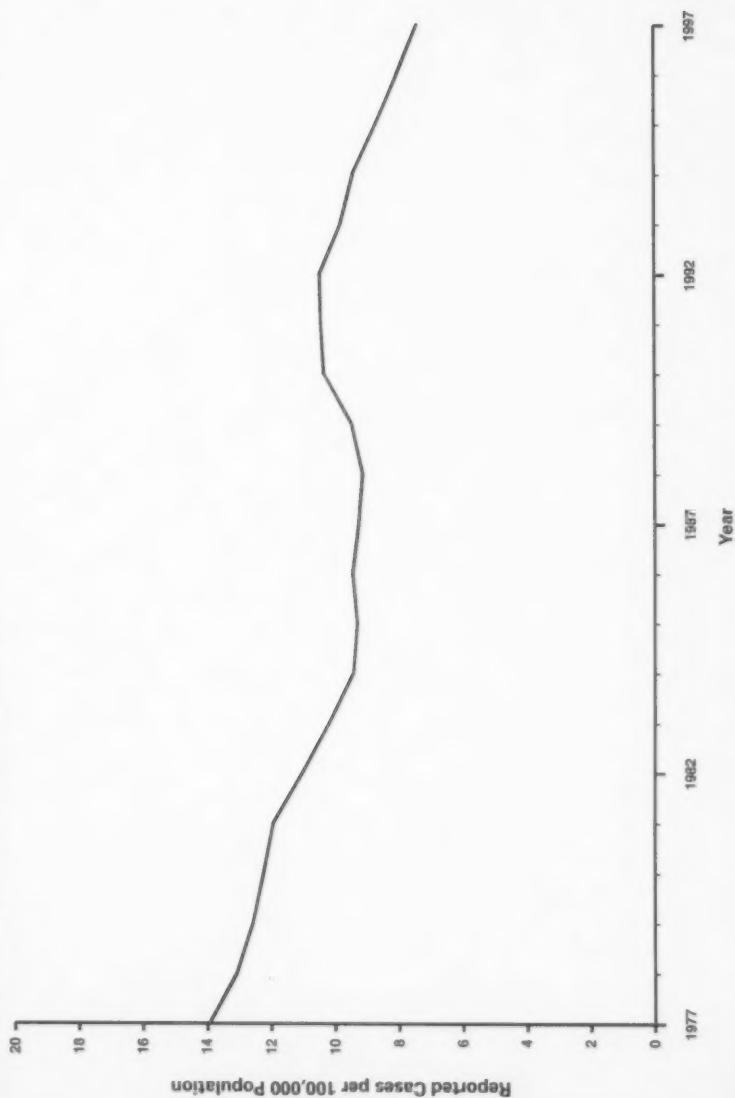
In 1997, a total of 13 trichinellosis (trichinosis) cases were reported, remaining at the lowest levels ever reported.

TUBERCULOSIS — reported cases per 100,000 population, United States and territories, 1997



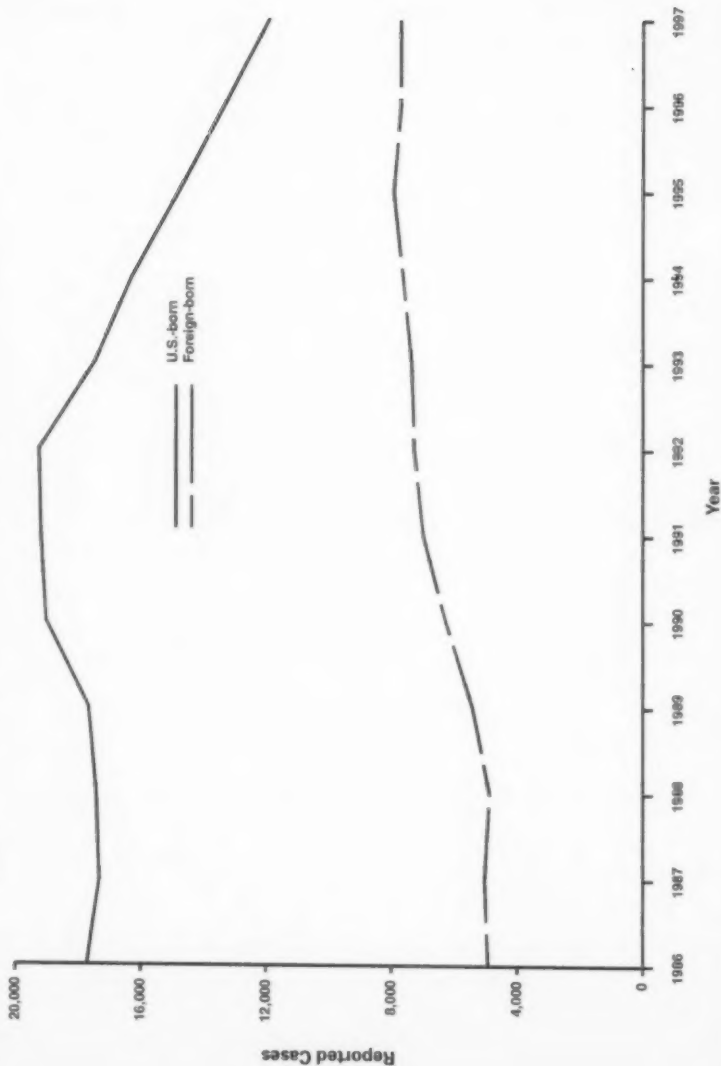
In 1997, a total of 18 states had tuberculosis rates of ≤ 3.5 cases per 100,000 population, which is the interim (i.e., Year 2000) tuberculosis incidence target for the elimination of tuberculosis by the year 2010.

TUBERCULOSIS — by year, United States, 1977-1997



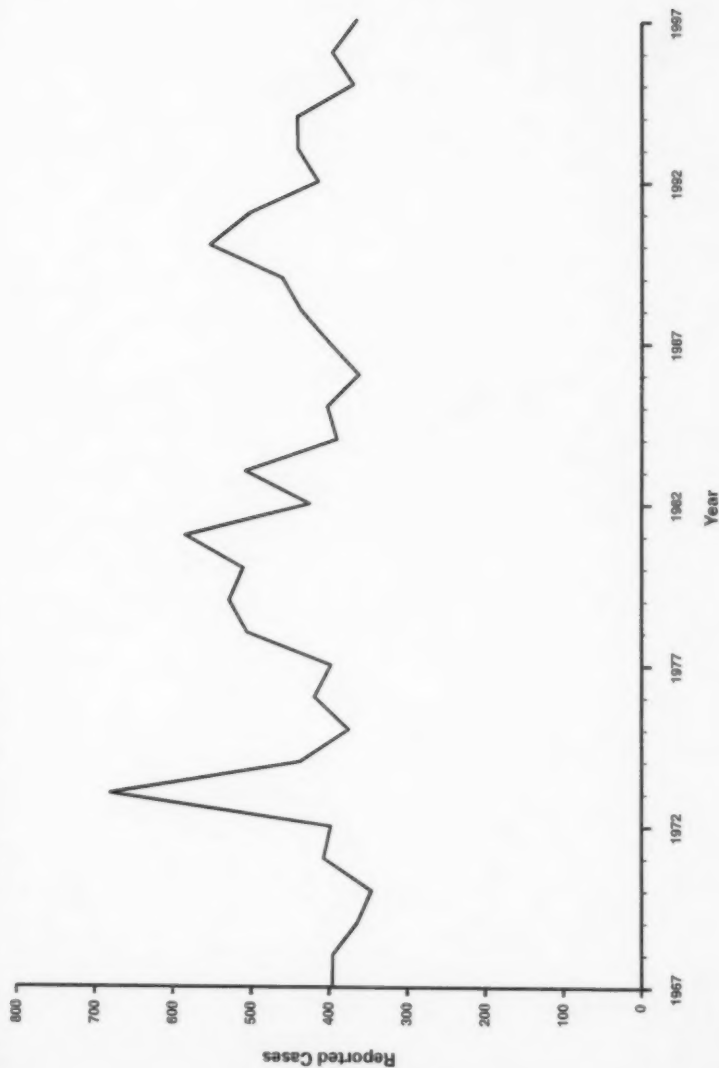
In 1997, a total of 19,851 cases of tuberculosis were reported to CDC, representing a 7% decrease from 1996.

TUBERCULOSIS — by year, among U.S.- and foreign-born persons, United States, 1986-1997



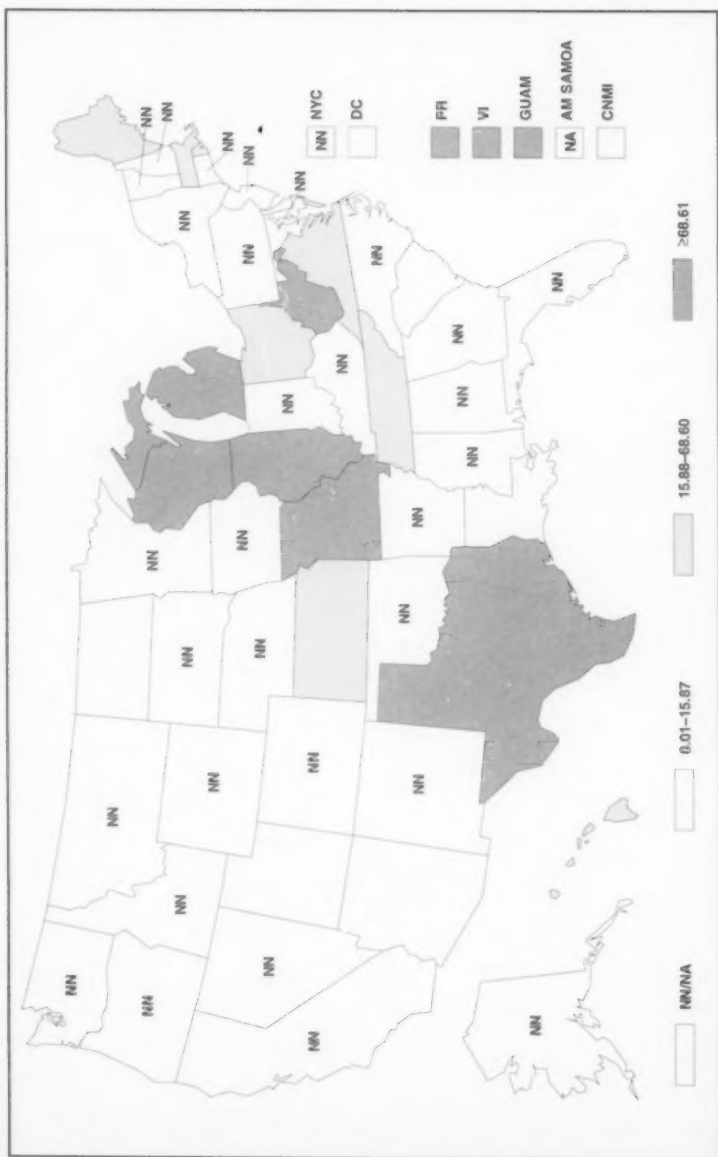
The number (and percentage) of tuberculosis cases among foreign-born persons in the United States has increased from 4,325 (21.6%) in 1986 to 7,702 (38.8%) in 1997.

TYPHOID FEVER — by year, United States, 1967-1997



Antimicrobial resistance among *Salmonella* serotype Typhi isolates has continued to increase, as has the proportion of typhoid fever cases that are preventable through immunization of travelers.

VARICELLA (Chickenpox) — reported cases per 100,000 population, United States and territories, 1997



Varicella is not a nationally notifiable disease; however, in 1997, 20 states, the District of Columbia, and four territories reported cases via the National Notifiable Diseases Surveillance System. This map reflects data from states where varicella is notifiable at the state level.

PART 3:

Historical Summary Tables

EXPLANATION OF SYMBOLS USED IN TABLES, GRAPHS, AND MAPS

No reported cases —

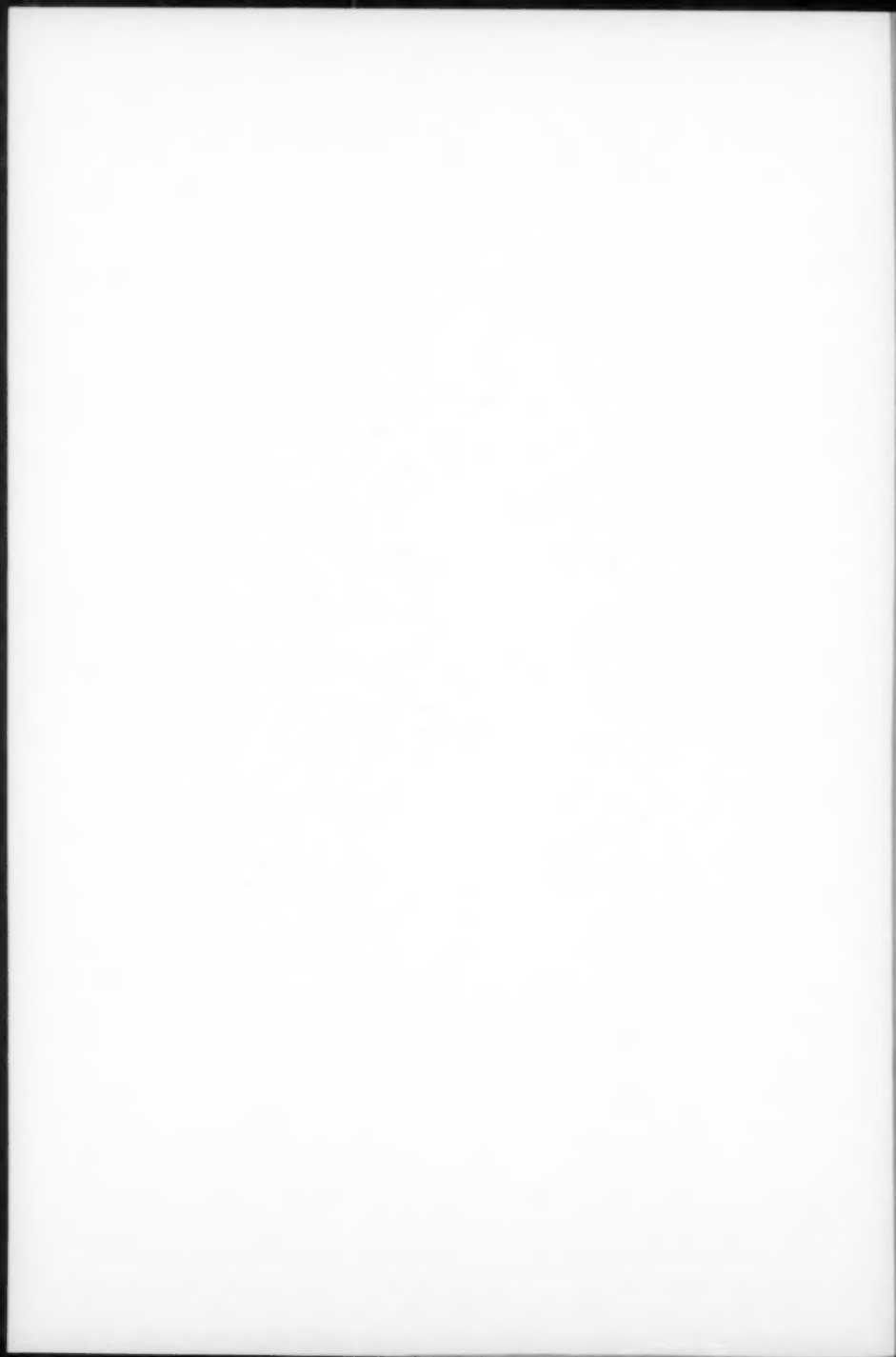


TABLE 1. NOTIFIABLE DISEASES—Summary of reported cases per 100,000 population, United States, 1988-1997

Disease	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
AIDS*	12.61	13.58	16.72	17.32	17.63	40.20	30.07	27.20	25.21	21.85
Amebiasis	1.20	1.34	1.38	1.23	1.21	1.21	1.20			
Anthrax	0.00									
Aspergillus meningitis	2.94	4.14	4.77	6.26	5.18		3.71			
Bacterial total (including wound and unsp.)	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Brucellosis	0.04	0.04	0.03	0.04	0.04	0.04	0.05	0.04	0.05	0.04
Chancroid	2.04	1.90	1.70	1.40	0.80	0.54	0.30	0.20	0.15	0.09
Chlamydia†								182.60	188.10	198.80
Cholera	0.00				0.01	0.04	0.00	0.02	0.01	0.01
Cryptosporidiosis	0.00	0.00	0.00	0.00	0.00	0.00				
Epidemic typhus	0.36	0.40	0.54	0.40	0.30	0.26	0.28		0.01	0.01
Post-infectious	0.05	0.04	0.04	0.03	0.05	0.07	0.08			
<i>Escherichia coli</i> O157:H7								1.01	1.18	1.04
Gonorrhea	298.74	297.36	276.60	249.48	201.60	172.40	168.40	149.50	122.80	121.40
Granuloma inguinale	0.00	0.00	0.00	0.01	0.00	0.00	0.00			
<i>Haemophilus influenzae</i> , invasive				1.10	0.55	0.55	0.45	0.45	0.45	0.44
Hansen disease (leprosy)	0.07	0.07	0.08	0.06	0.07	0.07	0.05	0.06	0.05	0.05
Hepatitis A	19.07	18.43	18.43	18.43	18.43	18.43	18.43	18.43	18.43	18.43
Hepatitis B	9.43	9.43	8.48	7.14	6.32	5.18	4.81	4.19	4.01	3.90
Hepatitis C	1.07	1.02	1.03	1.42	2.36	1.86	1.78	1.78	1.41	1.43
Hepatitis, C/non-A, non-B**	1.00	0.93	0.67	0.50	0.35	0.26	0.24			
Hepatitis, unspecified	0.44	0.48	0.55	0.53	0.53	0.50	0.63	0.48	0.47	0.44
Legionellosis	0.02	0.04	0.03	0.02	0.02	0.02	0.02			
Leptospirosis	0.07	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16
Lyme disease	0.45	0.51	0.50	0.51	0.49	0.49	0.49	0.55	0.68	0.75
Lymphogranuloma venereum	1.38	7.33	11.17	3.82	0.88	0.12	0.37	0.12	0.20	0.06
Measles (rubella)	1.21	1.10	0.99	0.84	1.02	1.11	1.11	1.25	1.30	1.24
Meningococcal disease	2.05	2.34	2.17	1.72	1.03	0.66	0.60	0.35	0.29	0.27
Mumps	0.02	0.02	0.02	0.02	0.02	0.02	0.01			
Murine typhus fever	1.40	1.67	1.84	1.08	1.60	2.55	1.77	1.97	2.94	2.46
Pertussis (whooping cough)	0.01	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.01
Poliomyelitis, paralytic	0.05	0.05	0.05	0.04	0.04	0.02	0.02	0.03	0.02	0.02
Psittacosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
Rabies, human	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Rabies, canine	0.14	0.13	0.09	0.12	0.06	0.08	0.09			
Rheumatic fever, acute	0.25	0.25	0.26	0.25	0.20	0.18	0.18	0.23	0.32	0.16
Rocky Mountain spotted fever	0.09	0.16	0.45	0.56	0.06	0.07	0.09	0.05	0.10	0.07
Rubella (German measles)	19.91	19.26	19.54	19.10	16.04	16.15	16.64	17.66	17.15	15.66
Salmonellosis, excluding typhoid fever	16.43	18.07	20.10	17.26	13.70	10.46	8.10	6.32	4.20	3.15
Syphilis	42.37	44.94	53.80	51.69	45.30	39.70	32.00	26.20	19.97	17.39
Tetanus	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Toxic-shock syndrome	0.16	0.16	0.13	0.11	0.10	0.08	0.10	0.07	0.06	0.06
Trichinosis	0.02	0.01	0.05	0.02	0.02	0.01	0.01	0.01	0.01	0.01
Tuberculosis	9.13	9.46	10.33	10.42	10.46	9.82	9.36	8.70	8.04	7.42
Typhoid fever	0.18	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16
Varicella (chickenpox)††	122.43	121.77	120.06	135.82	176.54	118.54	135.76	118.11	44.13	93.55
Yellow fever										0.01

NOTES: Data in the annual Summary of Notifiable Diseases might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions. Rates <0.01 after rounding are listed as 0.00.

* Not previously nationally notifiable.

** Not previously nationally notifiable.

† Chlamydia refers to genital infections caused by *C. trachomatis*.

†† Not nationally notifiable.

TABLE 2. NOTIFIABLE DISEASES — Summary of reported cases, United States, 1990–1997

Disease	1980	1981	1982	1983	1984	1985	1986	1987
AIDS*	41,595	43,672	45,472	103,691	78,279	71,547	66,885	68,492†
Anisiasis	3,328	2,942	2,989	2,970	2,983			
Anthrax			1					
Aspic meningitis	11,852	14,526	12,223	12,848	8,832			
Botulism, total (including wound and unsp.)								
Foodborne	92	114	91	97	143	97	119	132
Infant	27	21	27	50	31	24	25	31
Brucellosis	65	81	66	65	85	54	80	79
Chancroid	85	104	105		119	98	112	98
Chlamydia**	4,212	3,476	1,886	1,399	773	606	386	243†
Cholera	6	26	103	18	39	477,638	498,884	526,671†
Cryptosporidiosis				11				
Diphtheria	4	5	4		2			
Encephalitis, primary	1,341	1,021	774	919	717			
Post-infectious	105	82	129	170	143			
<i>Escherichia coli</i> O157:H7			11					
Gonorrhea	690,169	620,478	501,409	439,673	418,068	2,139	2,741	2,555
Granuloma inguinale	97	29	6	19	3	392,848	325,883	324,907†
Hansen disease (leprosy), invasive	11							
Hansen disease (leprosy)	2,764	1,412	1,174	1,174	1,170	1,180	1,170	1,162
Hepatitis A	31,434	24,374	23,112	24,238	26,786	31,582	31,032	30,021
Hepatitis B	21,102	18,203	16,126	13,261	12,517	10,805	10,537	10,416
Hepatitis, Chronic A, non-B††	2,553	3,582	6,010	4,786	4,470	4,576	3,716	3,816
Hepatitis, unspecified	1,671	1,260	884	827	444			
Leptospirosis	1,370	1,317	1,339	1,280	1,615	1,241	1,198	1,163
Lyme disease	77	58	54	51	38			
Lymphogranuloma venereum	272	9,465	8,985	8,257	13,043	11,700	16,455	12,801
Malaria	1,257	471	302	285	235			
Measles (rubeole)	1,292	1,278	1,087	1,411	1,228	1,419	1,800	2,001
Meningococcal disease	27,786	9,643	2,237	312	863	309	508	138
Mumps	2,451	2,130	2,134	2,637	2,886	3,243	3,437	3,308
Murine typhus fever	5,292	4,264	2,572	1,692	1,537	906	751	683
	50	43	28	25				

Pertussis (whooping cough)	4,570	2,719	4,083	6,586	4,617	5,137	7,796	6,564
Plague	2	11	13	10	17	9	5	4
Poliovirus, paralytic ^{††}	113	10	6	4	8	6	5	3
Psittacosis	4,836	6,314	8,523	690	36	64	42	33
Rabies, animal	4,836	6,314	8,523	9,377	8,147	7,841	6,982	8,102
Rabies, human	1	3	1	2	5	5	3	2
Rheumatic fever, acute	108	127	75	112	112	590	831	409
Rocky Mountain spotted fever	651	628	502	456	465	128	238	181
Rubella (German measles)	1,125	1,401	160	192	227	8	4	5
Rubella, congenital syndrome	11	47	11	5	7			
Salmonellosis	48,603	48,154	40,912	41,641	43,323	45,970	45,471	41,501
Shigellosis	27,077	23,548	23,931	23,198	29,769	23,080	25,978	23,117
Syphilis, primary and secondary	50,223	42,935	33,973	26,498	20,627	16,500	11,387	8,550 [†]
Total, all stages	134,255	128,569	112,581	101,259	81,696	68,953	52,976	46,540 [†]
Tetanus	64	57	45	48	51	41	36	50
Toxic-shock syndrome	322	280	244	212	192	145	145	132
Trichinosis	15	15	14	14	13	13	13	13
Typhoid fever	25,701	26,283	26,623	25,313	24,381	22,860	21,337	19,851 ^{***}
Typhus	152	193	159	132	96			
Varicella (chickenpox) ^{†††}	552	501	414	440	441	369	396	365
Yellow fever	173,099	147,076	158,364	134,722	151,219	120,624	83,511	98,727
			155				1	

NOTE: Data in the annual *Summary of Notifiable Diseases* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

[†] Acquired immunodeficiency syndrome.

^{††} The total number of AIDS cases includes all cases reported to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP) as of December 31, 1997.

^{†††} No longer nationally notifiable.

^{*} Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of July 13, 1998.

^{**} Chlamydia refers to genital infections caused by *C. trachomatis*.

^{***} Anti-HCV antibody test was available as of May 1990.

^{††††} Numbers might not reflect changes because of retrospective case evaluations or late reports (see *MMWR* 1988;35:180-2).

^{†††††} Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of April 15, 1998.

TABLE 3. NOTIFIABLE DISEASES — Summary of reported cases, United States, 1982-1989

Disease	1982	1983	1984	1985	1986	1987	1988	1989
AIDS*	7,304	6,658	4,445	8,249	12,932	21,070	31,001	33,722
Anthrax	1	1	5,252	4,453	3,552	3,123	2,860	3,217
Asplenic meningitis	9,680	12,696	8,326	10,619	11,374	11,487	7,234	10,274
Botulism, total (including wound and unsp.)	97	133	123	122	109	82	84	89
Foodborne	1	1	1	49	23	17	28	23
Infant	1	1	1	70	79	59	50	60
Brucellosis	173	200	131	153	106	129	96	95
Chancroid	1,392	847	665	2,067	3,756	4,988	5,001	4,692
Cholera	1	1	1	4	23	6	8	3
Diphtheria	2	5	1	3	—	3	2	—
Encephalitis, primary†	1,464	1,761	1,257	1,376	1,302	1,418	882	981
Post-infectious‡	36	34	68	161	124	121	121	88
Gonorrhea	960,533	900,435	878,596	911,419	900,568	780,905	719,536	733,151
Granuloma inguinale	17	24	30	44	61	22	11	7
Human disease (leprosy)	20	24	20	41	30	23	13	13
Hepatitis A	23,403	21,532	22,040	23,210	23,430	25,280	28,497	35,827
Hepatitis B	22,177	24,318	26,115	26,611	26,107	25,916	23,177	23,419
Hepatitis, C/non-A, non-B	1	3,470	3,871	4,184	3,634	2,999	2,619	2,529
Hepatitis, unspecified	8,564	7,149	5,531	5,517	3,940	3,102	2,470	2,306
Legionellosis**	654	652	750	830	980	1,038	1,085	1,190
Leptospirosis	100	61	40	57	41	43	54	93
Lymphogranuloma venereum	235	335	170	226	396	303	185	189
Malaria	1,056	813	1,007	1,049	1,123	944	1,099	1,277
Measles (rubeola)	1,497	1,497	2,587	2,822	6,282	3,655	3,396	18,193
Meningococcal disease	3,058	2,736	2,746	2,479	2,594	2,930	2,964	2,727
Mumps	5,270	3,355	3,021	2,962	7,790	12,848	4,866	5,712
Scarlet fever	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056
Shingles (herpes zoster)	1,895	2,463	2,276	3,589	4,195	2,823	3,450	4,157
Peruasis (whooping cough)								

	19	40	31	17	10	12	15	4
Plague	19	40	31	17	10	12	15	4
Poliomyelitis, total	12	13	9	8	10	8	9	11
Paralytic	12	13	9	8	10	8	9	11
Rabies, animal	182	142	172	119	224	88	114	118
Rabies, human	8,212	5,878	5,567	5,565	5,504	4,658	4,651	4,724
Rabies, total	--	2	3	1	--	1	--	1
Rheumatic fever, acute	137	88	117	90	147	141	158	143
Rocky Mountain spotted fever	976	1,126	838	714	760	604	609	623
Rubella (German measles)	2,325	970	752	630	551	308	225	396
Rubella, congenital syndrome	7	22	5	--	14	5	6	3
Salmonellosis, excluding typhoid fever	40,936	44,250	40,861	65,347	45,984	50,916	48,948	47,812
Shigellosis	18,129	19,719	17,371	17,057	17,138	23,860	30,817	25,010
Syphilis, primary and secondary	33,613	32,698	28,607	27,131	27,863	35,147	40,117	44,540
Total, all stages	75,579	74,537	65,689	67,563	65,215	86,545	103,437	110,797
Tetanus	89	91	74	83	64	48	53	53
Toxic-shock syndrome	1	502	482	384	439	271	300	450
Trichinosis	115	88	86	81	40	40	45	30
Typhoid fever	25,520	23,848	22,255	22,201	22,768	22,517	22,436	23,495
Tularemia	275	310	214	177	170	214	201	152
Typhoid fever	425	507	390	402	362	400	436	460
Varicella (chickenpox)	167,423	177,462	221,963	178,162	183,243	213,196	192,857	185,441
Yellow fever	--	--	--	--	--	--	--	--

NOTE: Data in the annual *Summary of Notifiable Diseases* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

*Acquired immunodeficiency syndrome.

† Not previously nationally notifiable.

‡ Not reported as distinct categories during this period.

§ Beginning in 1994, data reflect change in categories for tabulating encephalitis reports that were recorded by date of record to state health departments. Data for previous years are from surveillance records reported by onset date.

** Beginning in 1982, data were reported to the state health department. Data for 1976-1981 are from surveillance records reported by onset date.

†† Categories other than paralytic are no longer reported.

TABLE 4. NOTIFIABLE DISEASES — Summary of reported cases, United States, 1974-1981

Disease	1974	1975	1976	1977	1978	1979	1980	1981
Amebiasis	2,743	2,776	2,906	3,044	3,937	4,107	5,271	6,632
Asplenic meningitis	3,197	4,475	3,510	4,729	6,573	8,754	8,028	9,547
Botulism, total (including wound and unsp.)	28	20	55	129	105	45	69	103
Brucellosis	310	296	296	232	179	215	183	185
Chancroid	945	700	628	465	521	840	768	850
Cholera	-	-	-	3	12	1	19	5
Diphtheria	272	307	128	84	76	59*	3	5
Encephalitis, primary	1,164	4,064	1,651	1,414	1,351	1,504	1,362	1,492
Post-infectious	218	237	175	119	78	94	40	43
Gonorrhea	906,121	999,937	1,001,994	1,002,219	1,013,058	1,004,058	1,004,029	990,864
Granuloma inguinale	47	60	71	71	72	76	81	86
Hansen disease (leprosy)	18	18	15	15	15	15	22	25
Hepatitis A	40,358	35,855	33,283	31,123	29,500	30,407	29,007	25,902
Hepatitis B	10,331	13,121	14,573	16,831	18,016	18,452	19,056	21,152
Hepatitis unspecified	8,351	7,168	7,669	8,359	8,791	10,334	11,034	10,152
Legionellosis	63	93	73	71	110	94	85	82
Leptospirosis	394	353	365	348	284	250	199	263
Lymphogranuloma venereum	293	373	471	547	731	894	2,062	1,388
Malaria	22,094	24,374	41,126	57,345	26,871	13,597	13,508	3,124
Measles (rubeola)	1,346	1,478	1,605	1,828	2,505	2,724	2,840	3,525
Meningococcal disease	59,128	59,647	38,492	21,436	16,817	14,225	8,576	4,941
Mumps	26	41	69	75	46	69	81	61
Murine typhus fever	2,402	1,738	1,010	2,177	2,063	1,623	1,730	1,248
Pertussis (whooping cough)	8	20	16	18	12	13	18	13
Plague	7	13	10	10	8	10	9	10
Poliomyelitis, total	7	13	10	19	8	22	10	10
Paratuberculosis	164	49	38	94	140	137	124	136
Rabies, animal	3,151	2,827	3,073	3,130	3,254	5,119	6,421	7,116
Rabies, human	2	2	2	2	4	4	-	2
Rheumatic fever, acute	2,431	2,854	1,865	1,738	851	629	432	264
Rocky Mountain spotted fever	754	844	937	1,153	1,063	1,070	1,163	1,192
Rubella (German measles)	11,917	16,852	12,491	20,395	18,269	11,785	3,904	2,077
Rubella, congenital syndrome	45	30	30	23	30	62	50	19
Salmonellosis, excluding typhoid fever	21,980	22,612	22,937	27,850	29,410	33,138	33,715	39,990
Shigellosis	22,600	16,584	13,140	16,052	19,511	20,135	19,041	19,859
Syphilis, primary and secondary	25,385	25,561	23,731	20,389	24,874	27,204	27,204	31,266
Total, all stages	80,356	80,356	71,761	64,621	64,575	67,049	68,832	72,799
Tetanus	117	81	81	80	80	81	85	82
Typhoid fever	120	262	115	143	167	131	131	200
Tuberculosis†	30,122	33,959	32,105	30,145	28,521	27,689	27,249	27,373
Typhoid fever	1,124	1,124	1,124	1,124	1,124	1,124	1,124	1,124
Yellow fever	141,495	154,248	183,390	188,396	154,089	195,081	190,894	200,766

NOTE: Data in the annual Summary of Notifiable Diseases might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of data, or the definition of the disease.

†Cutaneous diphtheria is no longer nationally notifiable.

*Not previously nationally notifiable.

*No cases of paralytic poliomyelitis caused by wild virus have been reported in the United States since 1979.

*Case data subsequent to 1974 are not comparable with earlier years because of changes in reporting criteria that became effective in 1975.

**Last indigenous case of yellow fever was reported in 1911; before 1986, the last imported case was reported in 1924.

TABLE 5. NOTIFIABLE DISEASES — Summary of reported cases, United States, 1966-1973

Disease	1966	1967	1968	1969	1970	1971	1972	1973
Amebiasis	2,921	3,157	3,005	2,915	2,868	2,752	2,199	2,235
Anthrax	5	2	3	4	2	5	2	2
Aspic meningitis	3,058	3,082	4,494	3,672	6,480	5,176	4,634	4,846
Botulism	9	5	7	16	12	25	22	34
Brucellosis	262	285	218	235	213	183	196	202
Chancroid	836	784	845	1,104	1,416	1,320	1,414	1,165
Cholera	—	—	—	—	—	1	—	—
Diphtheria	209	219	260	241	435	215	152	228
Encephalitis, primary	2,121	1,478	1,781	1,613	1,580	1,524	1,059	1,613
Post-infectious	964	1,060	502	372	428	428	428	428
Gonorrhea	351,755	404,132	464,132	534,272	800,372	870,288	767,215	842,831
Granuloma inguinale	148	164	166	164	124	89	81	62
Hepatitis A (leptosy)	109	81	123	98	129	131	130	146
Hepatitis A (infectious)	32,859	38,909	45,893	48,416	56,797	69,606	64,074	50,749
Hepatitis B (serum)	1,497	2,458	4,829	5,909	8,310	9,556	9,402	8,451
Leptospirosis	72	37	46	89	67	62	41	57
Lymphogranuloma venereum	308	371	485	520	612	692	756	408
Malaria	565	2,022	2,317	3,102	3,051	2,375	742	237
Measles (rubella)	204,136	62,705	22,231	25,826	47,351	75,290	32,275	26,690
Meningococcal disease	3,381	2,161	2,623	2,951	2,505	2,262	1,323	1,378
Mumps	—	—	—	152,209	90,918	104,953	74,215	69,612
Murine typhus fever	33	52	36	36	27	23	18	32
Paratuberculosis	7,717	9,718	4,810	3,285	4,249	3,036	3,287	1,759
Plague	5	3	3	5	13	2	1	2
Polymyositis, total	113	41	53	20	33	21	31	8
Paralytic	106	40	53	18	31	17	29	7
Pellagra	50	41	43	57	35	32	52	33
Rabies, animal	4,178	4,481	3,591	3,490	3,224	4,310	4,369	3,640
Rabies, human	1	2	1	1	3	2	2	1
Rheumatic fever, acute	4,472	3,985	3,470	3,229	3,227	2,793	2,614	2,560
Rocky Mountain spotted fever	268	305	298	488	380	432	523	668
Rubella (German measles)	46,975	46,888	49,371	57,686	56,552	45,068	35,507	35
Rubella, congenital syndrome	1	1	1	1	1	1	1	1
Syphilis	16,841	18,120	16,514	18,419	22,056	21,928	22,151	23,818
Shigellosis, excluding typhoid fever	11,888	13,474	12,180	11,946	13,845	16,143	20,207	22,642
Streptococcal sore throat and scarlet fever	427,752	453,351	435,013	450,008	433,405	433,405	433,405	433,405
Syphilis, primary and secondary	105,169	102,591	96,271	92,182	91,382	95,987	91,149	87,469
Tetanus, all stages	235	263	277	192	148	116	128	101
Trichinosis	115	66	77	215	109	103	89	102
Tuberculosis	47,767	45,647	42,623	39,120	37,137	35,217	32,882	30,998
Tularemia	208	184	186	149	172	167	152	171
Typhoid fever	378	396	395	364	346	407	398	680
Varicella (chickenpox)	—	—	—	—	—	—	184,114	182,927
Yellow fever	—	—	—	—	—	—	—	—

NOTE: Data in the annual Summary of Notifiable Diseases might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

* Not previously nationally notifiable.

† No longer nationally notifiable.

‡ Last indigenous case of yellow fever was reported in 1911; before 1996, the last imported case was reported in 1924.

TABLE 6. NOTIFIABLE DISEASES — Deaths from selected diseases, United States, 1987-1996

Cause of Death	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
AIDS*	13,468	16,602	22,082	25,188	29,555	33,566	37,267	42,114	43,115	31,130
Amebiasis	006	7	4	5	5	6	6	2	4	4
Anthrax	022	-	-	-	-	-	-	-	-	-
Aspic meningitis	047.9	28	36	50	47	37	33	30	22	25
Botulism, foodborne	005.1	-	2	4	2	1	1	-	1	1
Brucellosis	023	1	2	-	-	-	-	-	-	-
Chancroid	093.0	-	-	-	1	2	-	1	-	2
Cholera	002	1	-	2	2	2	-	-	-	-
Diphtheria	062.2	-	-	1	1	1	1	-	1	1
Encephalitis, Eastern equine	062.5	1	-	-	-	-	-	-	-	-
Encephalitis, California	062.3	2	-	-	9	2	1	3	6	-
Encephalitis, St. Louis	062.1	1	-	-	-	-	-	-	-	-
Encephalitis, Western equine	098	7	3	4	3	4	5	3	3	4
Gonococcal infections	099.2	-	-	-	-	-	-	-	-	-
Granuloma inguinale	041.5	25	16	16	17	16	7	5	12	7
Haemophilus influenzae, invasive	030	1	4	4	3	3	5	3	2	-
Hansen's disease (leprosy)	070.0	77	88	76	71	52	95	97	142	121
Hepatitis, viral	070.2	595	621	711	816	912	1,041	1,130	1,027	1,027
Hepatitis, viral, other and unsp.	070.4-070.9	810	599	717	688	857	1,016	1,353	2,231	2,577
Leptospirosis	100	1	2	2	2	2	2	-	2	2
Lymphogranuloma venereum	099.1	-	-	2	1	1	-	-	-	-
Malaria	084	5	7	11	3	4	12	3	8	4
Measles (rubella)	055	2	32	64	27	4	-	-	2	1
Meningococcal disease	036	268	278	273	215	199	280	276	273	290
Mumps	072	2	2	3	1	1	-	-	-	1
Myxomatosis	080	-	-	-	-	-	-	-	-	-
Myxomatosis (whooping cough)	033	1	4	12	12	5	7	2	9	4
Plague	020	1	-	-	-	-	2	2	1	2
Poliovirus, total	045.0-045.9	-	-	-	-	-	-	-	-	-
Poliovirus, total	073	2	1	-	-	-	-	-	-	-
Rabies, human	071	1	-	1	1	4	1	3	3	3
Rheumatic fever, acute	390-392	42	76	70	66	89	100	163	169	114
Rubella (German measles)	056	-	-	4	8	1	-	-	-	-
Salmonellosis, incl. paratyphoid fever	002.1-002.9	105	66	99	80	53	47	52	66	58
Shigellosis	034	13	8	16	10	10	8	5	8	5
Shigellosis, flexneri	034.1	11	20	10	10	8	5	9	8	6
Shigellosis, flexneri	034.2	2	8	6	10	8	5	9	8	6
Shigellosis, flexneri	034.3	8	20	10	10	8	5	9	8	6
Shigellosis, flexneri	034.4	8	20	10	10	8	5	9	8	6
Shigellosis, flexneri	034.5	8	20	10	10	8	5	9	8	6
Shigellosis, flexneri	034.6	8	20	10	10	8	5	9	8	6
Shigellosis, flexneri	034.7	8	20	10	10	8	5	9	8	6
Shigellosis, flexneri	034.8	8	20	10	10	8	5	9	8	6
Shigellosis, flexneri	034.9	8	20	10	10	8	5	9	8	6
Tetanus	037	16	17	9	11	9	11	9	6	5
Trichinosis	124	-	-	-	-	-	-	-	-	-
Tuberculosis (all forms)	010-018	1,755	1,921	1,970	1,810	1,713	1,631	1,478	1,336	1,202
Tularia	021	4	2	1	1	3	-	2	2	1
Typhoid fever	002.0	2	-	-	1	-	-	1	-	-
Varicella (chickenpox) ¹	052	89	83	89	120	81	100	124	115	81
Yellow fever	01060	-	-	-	-	-	-	-	-	-

NOTE: Data in the annual *Summary of Notifiable Diseases* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

*Numbers in ICD column refer to the category numbers listed in the *International Classification of Diseases, Ninth Revision, 1975*. (The asterisks in the ICD column pertain to the ICD code, not a footnote.) They indicate that the numbers are not part of the ICD but were introduced for use in the United States.)

¹Varicella was taken off the nationally notifiable disease list in 1991. Many states continue to report these cases to CDC.

Source: National Center for Health Statistics System, 1987-1996. Deaths are classified to the ICD Ninth Revision.

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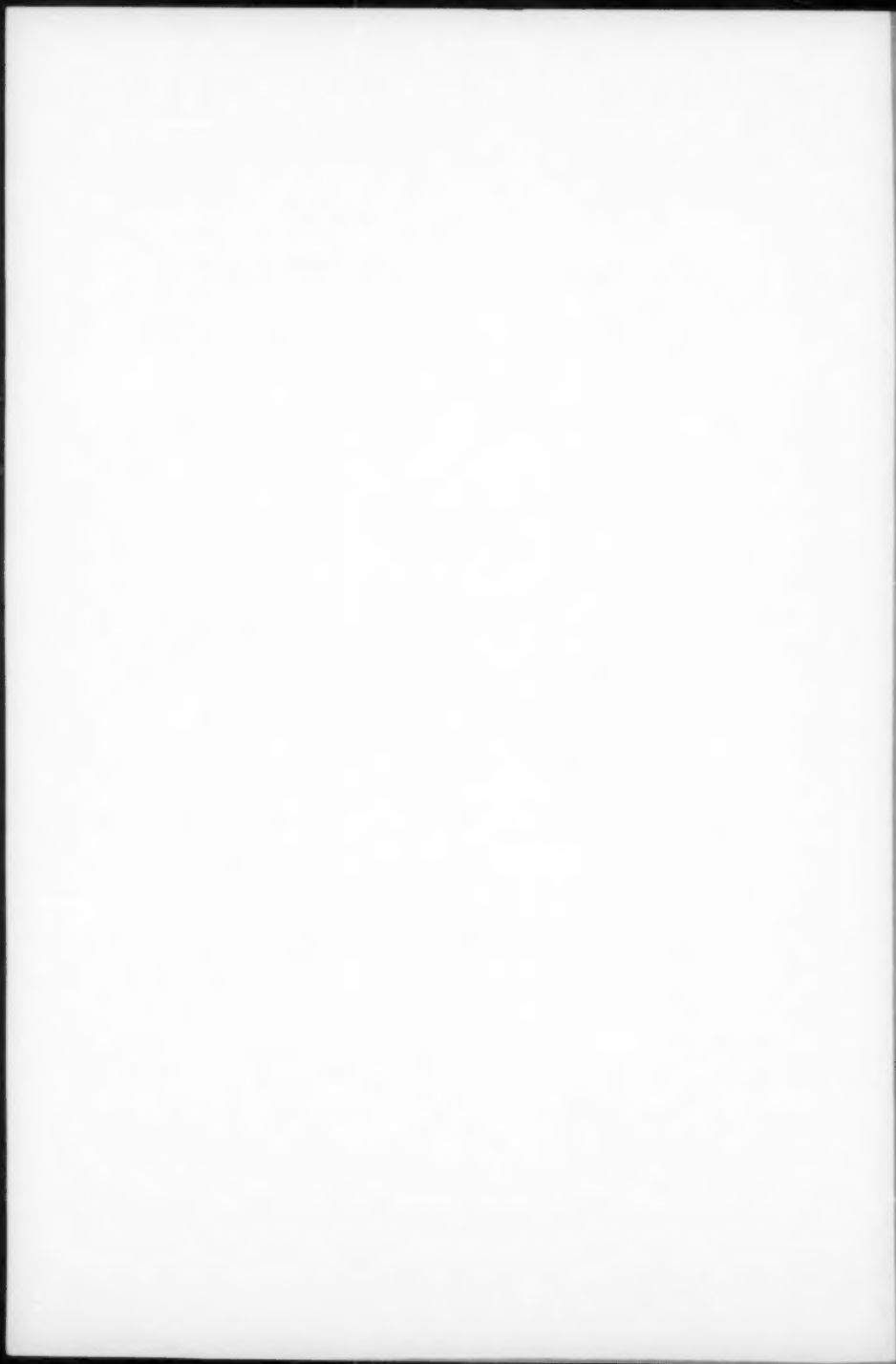
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State and Territorial Epidemiologists and Laboratory Directors

State and Territorial Epidemiologists and Laboratory Directors are acknowledged for their contributions to *CDC Surveillance Summaries*. The epidemiologists listed below were in the positions shown as of June 1998, and the laboratory directors listed below were in the positions shown as of June 1998.

State/Territory	Epidemiologist	Laboratory Director
Alabama	John P. Lofgren, MD	William J. Callan, PhD
Alaska	John P. Middaugh, MD	Gregory V. Hayes, DrPH
Arizona	Robert W. England, Jr, MD, MPH	Barbara J. Erickson, PhD
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District of Columbia	Martin E. Levy, MD, MPH	James B. Thomas, ScD
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